

**TABLE 85-4** TREATMENT OPTIONS FOR SJÖGREN'S SYNDROME**LOCAL TREATMENT OF EXOCRINE DYSFUNCTION****Keratoconjunctivitis Sicca**

Artificial tears, preservative free  
 Eyeglasses and/or goggles  
 Punctal occlusion (plugs or electrocautery)  
 Topical cyclosporine drops

**Xerostomia**

Artificial saliva  
 Salivary stimulators, mechanical or electrical  
 Fluoride treatments and/or fastidious dental care  
 Sugar-free lozenges, lemon drops

**Dyspareunia**

Vaginal lubricants or propionic acid gels  
 Rigorous treatment of infection

**SYSTEMIC TREATMENT OF EXOCRINE DYSFUNCTION**

Pilocarpine or cevimeline  
 When possible, avoid or discontinue medications with anticholinergic effects

**TREATMENT OF SYSTEMIC MANIFESTATIONS**

Salivary gland infection: tetracycline and nonsteroidal anti-inflammatory drugs  
 Arthralgia: hydroxychloroquine or chloroquine  
 Systemic vasculitis and glomerulonephritis: glucocorticoids and/or cyclophosphamide  
 Leukocytoclastic vasculitis: no specific therapy  
 Interstitial lung disease: glucocorticoid, cyclophosphamide

of lungs, kidneys, nervous system, and skin may develop, and the risk of developing lymphoma is increased among patients with primary SS, particularly those with the previously described risk factors. The overall mortality rate for SS is not higher than that of the general population.

For a deeper discussion of these topics, please see Chapter 268, "Sjögren's Syndrome," in Goldman-Cecil Medicine, 25th Edition.

**SUGGESTED READINGS**

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