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Title: Clinical features and CT findings of anti-Jo-1 antibody positive interstitial lung disease with or without polymyositis and dermatomyositis

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Body: Background: Anti-Jo-1 antibodies are specific for polymyositis and dermatomyositis (PM/DM). The correlation between the presence of the anti-Jo-1 antibodies and interstitial lung disease (ILD) is very high. Clinical differences for patients with anti-Jo-1 antibody positive ILD without a PM/DM diagnosis are yet to be established. Aim: To clarify the differences in clinical characteristics, the clinical course, and radiological findings between anti-Jo-1 antibody positive ILD patients with and without a PM/DM diagnosis. Methods: Twenty-three patients were diagnosed with anti-Jo-1 antibody positive ILD at our hospital between May 1995 and March 2012, inclusive. We evaluated the symptoms, clinical presentation (acute or gradual onset) and dominant chest computed tomography (CT) findings. Results: Eleven patients were diagnosed with PM/DM. Eight patients (72%) from the PM/DM group and four patients (33%) from the non-PM/DM group presented with ILD of acute or sub-acute onset (p=0.099). Predominant high-resolution CT scan patterns were diffuse ground-glass opacity, reticular shadow, and consolidation with traction bronchiectasis. Distribution was basal-predominant peripheral and along the bronchovascular bundle. Conclusion: Although there were more patients in the PM/DM group with an acute and sub-acute clinical course, there was no significant difference between the PM/DM and non-PM/DM groups for clinical characteristics, CT findings and prognosis, respectively. Our study suggests that anti-Jo-1 positive ILD patients without PM/DM groups can be treated based on the clinical course of anti-Jo-1 positive ILD with PM/DM.