

Sent: Sat, Feb 8, 2025 at 4:34 PM

Subject: Ethical and Methodological Concerns Regarding the Article "Is Middle East Pain Syndrome (MEPS) a Variant of Fibromyalgia Syndrome or a Distinct Disease?"

Dear Editor,

I'm writing to formally bring to your attention significant concerns regarding the recently published article titled "Is Middle East Pain Syndrome (MEPS) a Variant of Fibromyalgia Syndrome or a Distinct Disease?" by Elhamamy et al., published in BMC Rheumatology (2025, 9:3, DOI: 10.1186/s41927-024-00428-0).

Upon a detailed review, several serious issues have been identified, raising concerns regarding ethical misconduct, potential data fabrication, and significant methodological flaws. These concerns necessitate an urgent review to assess the validity of the study and determine whether a formal retraction or correction is warranted.

1. Ethical Concerns: Potential Reuse of Ethical Approval Number

The study cites ethical approval from:

- Ethics Committee of Al-Azhar University, Nasr City, Cairo, Egypt
- Registered at the Egyptian Ministry of Health: Reg No. RHBIRB2018122001

This same ethical approval number was reportedly used in a previously retracted paper by the same lead author, Dr. Adel A. Elbeialy. The retracted article, titled "Middle East Pain Syndrome is a Pollution-Induced New Disease Mimicking Rheumatoid Arthritis," was published in Scientific Reports and subsequently retracted. The retraction notice is available at: . If this number has been reused without obtaining fresh ethical approval, this would constitute serious research misconduct, violating institutional and publication ethics.

2. Methodological Flaws and Lack of Scientific Rigor

a) Inappropriate Study Design

The study aims to differentiate MEPS from FMS based on inflammatory and radiological findings. However, it employs a cross-sectional design, which is inherently unsuitable for determining causation or disease classification. If MEPS is a newly proposed condition, a longitudinal or case-control study should have been conducted.

b) Lack of Control Groups and Selection Bias

- The study only includes MEPS and FMS patients, without a healthy control group or patients with other inflammatory disorders for comparison.

- The selection process appears non-randomized and potentially biased, reducing the reliability of the conclusions.

c) Unverified Radiological Claims

- The authors claim that spur-like excrescences in the distal phalanges are a unique feature of MEPS.
- However, similar radiological findings are well-documented in hyperparathyroidism, osteoarthritis, and metabolic bone diseases.
- No blinded radiological assessment was conducted, increasing the risk of observer bias or manipulation.

3. Potential Data Fabrication or Manipulation

a) Implausible IL-17 Findings

- The study reports significantly elevated IL-17 levels in MEPS (58.3 ng/L) compared to FMS (45.7 ng/L).
- Issue: IL-17 levels in fibromyalgia are generally low, unless comorbid with autoimmune diseases such as lupus or rheumatoid arthritis.
- Suspicion: The results appear artificially exaggerated to show statistical significance.

b) Questionable Capillaroscopic Findings

- The study suggests that MEPS and FMS exhibit distinct angiogenesis patterns based on nailfold capillaroscopy (NFC).
- However, previous literature does not support such clear differentiation.
- Possible manipulation: Data may have been selectively reported to fabricate a distinction.

Given these serious concerns, I respectfully request the editorial board and research integrity team to retract the article.