En conclusión, consideramos que, en pacientes con EPID-AR, sobre todo, si tras el correspondiente estudio multidisciplinar, son clasificados entre los fenotipos de peor pronóstico, no se debe prescribir MTX y, en el supuesto de que sigan tratamiento con este fármaco, nuestro consejo es retirarlo y optar por otras alternativas terapéuticas, al menos mientras no se disponga de evidencias científicas suficientes que impliquen un cambio de actitud terapéutica.

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https://doi.org/10.1016/j.reuma.2020.10.011

Neurobehcet's. Comment: "Neuro-Behçet Disease in the Central University Hospital of Asturias"

Neurobehcet's. Comentario: "La enfermedad de Neuro-Behçet en el Hospital Universitario Central de Asturias"

Dear Editor,

We read with great interest the manuscript by Charca-Benavente et al., about a frequency and profile of patients with neuro-Behçet's disease at the Central University Hospital of Asturias over a period of 37 years.[1] We have the following comments.

Neurological manifestations, found in 10–30% of the patients with Behcet disease, are recognized in the medical literature as Neurobehçet (NB), were described for the first time in 1941 by Knapp, and in 1954 Cavara & DÉrmo coined the term NB, and include migraine-like headache, aseptic meningoencephalitis, encephalopathy, dementia, seizures, cranial nerve and bulbar palsy, movement disorders, cerebellar ataxia, myelopathy, neurosensorial hearing loss, stroke, psychiatric disturbances, and a multiple sclerosis-like picture.[2] They usually manifest within 5 years of onset. Neurological complications progress to severe disability, with a high mortality rate.[3] Although this broad spectrum of manifestations is widely recognized, myositis is rare.

However, in the study by Charca-Benavente et al., despite a considerable period of analysis, it strikes us that there were no cases of muscle involvement, so we would like to know to what the authors attribute this data.

The authors should have addressed the neuromuscular manifestations of NB.BD must be considered as a differential diagnosis of localized or generalized inflammatory muscle disorders especially when findings of multiple tissue and organ lesions or any symptom of the characteristic triad are present. Given the multisystemic nature of the syndrome, it's not surprising the report of "unusual" manifestations that will further expand the wide spectrum of NB.[2]

We are grateful to the authors for the excellent article addressing a relevant topic within BD, allowing discussion to contribute with knowledge.

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https://doi.org/10.1016/j.reuma.2021.02.001