The case of the patient under study is remarkable because it was not associated with any of the causes described in hypophosphatemic osteomalacia: (i) no family history or other evidence of heredity (e.g. abnormal dentition), (ii) no deficit of phosphate in the diet, (iii) or an association with any drug, (iv) no abnormalities were found that made us suspect a parathyroid endocrine origin; (v) no digestive malabsorption disorders or (vi) kidney problems; (vii) finally, the normality of 11 in-octreotide scintigraphy, tumor markers, Benc Jones proteins in the urine, and abdominal ultrasonography Chest X-rays suggest an unlikely oncogenic source.

We could not, to date, find the mechanism that caused the disturbance, which require us to classify it as idiopathic and keep looking for new possible causes of this disease. Known cases of idiopathic hypophosphatemic osteomalacia are rare. However, treatment based on phosphate supplementation has been effective in stabilizing blood phosphorus levels, but leads to a mild phosphaturia, to be expected based on the contribution.

Conflict of Interest

The authors have no disclosures to make.

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**Agomelatine Adjunctive Therapy for Fibromyalgia**

**Uso de agomelatina como tratamiento coadyuvante en la fibromialgia**

Dear Editor:

Fibromyalgia is a chronic disease that can affect the patient from a biological, psychological and social point of view. It includes symptoms such as extreme fatigue, persistent pain, stiffness of muscles, tendons and soft tissue, trouble sleeping, memory disturbances, depression and anxiety, among others. The antidepressant agomelatine is an agonist of MT1 and MT2 melatonergic receptors and antagonist of postsynaptic serotonin receptors (5-HT2C), with the ability to “resynchronize” the biological clock.

Based on empirical observation of several rheumatologists of San Cristóbal (Venezuela) on the apparent efficacy of agomelatine in fibromyalgia resistant to conventional treatment, we present a case of a 43 year old female patient, diagnosed with fibromyalgia 3 years prior, and treated with L-arginine base, pregabalin, amitriptyline, tryptophan, meloxicam and B vitamin complex. Since no therapy had proven effective pharmacotherapy we indicated agomelatine 25 mg at bedtime as adjuvant treatment and an amitriptyline substitute. The case was followed for 16 weeks and assessed with the following instruments: Fibromyalgia Impact Questionnaire (FIQ), LANSS pain scale, Pittsburgh sleep quality index and the widespread pain index.

Initially, the patient was impaired with physical appearance, sleeplessness, muscle aches and fatigue. In week 2 appreciate a clear improvement in the aforementioned parameters. At six weeks the improvement in sleep disturbance was clinically significant and sleep latency was reduced from 15 to 5 min and increased night-

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![Fig. 1. Scintiscan Uptake in Multiple Ribs, Fractured Left Hip, Left Calcaneous and Peripheral Joints.](image-url)
time sleep increased from 5 to 8 h; the patient was able to perform
most of her activities regularly and her mood improved. At week
14, the patient had regained full ability to perform daily activities
and had better pain tolerance, which was maintained at week 16.
Figure 1 shows the evolution of the clinical symptoms of the patient
with the scores of the scales used, FIQ, pain scale and the LANSS
Pittsburgh Sleep quality index.

Apparently, adjuvant treatment with agomelatine could
improve the physical and psychological condition of some patients
with fibromyalgia who have not responded to conventional drugs,
especially with regard to sleep and pain perception, and that
fibromyalgia may be more severe in patients with increased sleep
disturbances, relating this with a greater number of tender points
and more intense and enduring pain.6 The reason agomelatine
could improve fibromyalgia patients is not clear; however, this
molecule can “resynchronize” sleep patterns and circadian rhythm,
and being agonist of melatonin receptors, could impact on the
improvement of some symptoms of the disease, considering that
patients with fibromyalgia may have up to 31% less melatonin
secretion at night,7 with this is contributing to greater sleep dis-
turbances, daytime fatigue and changes in pain perception. So
the intervention in circadian rhythms might be an important factor
in the treatment of fibromyalgia.8

While studies are inconclusive and some authors do not con-
sider changes in the levels of melatonin and circadian rhythms
in patients with fibromyalgia relevant or significant,9 and we
found only one only study in which the use of agomelatine in
these patients either appears to show significant efficacy,10 or is
likely to benefit a particular group of patients with fibromyalgia,
especially those who have not responded to drugs commonly used
to treat this condition.

Further studies with a larger number of patients and an
improved method must be more strictly performed.

Disclosures

None of the authors manifest any conflict of interest, even if the
treatment with agomelatine was provided by Servier Laboratories
of Venezuela, during the 16-week follow-up.

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