
Do rheumatologists think about sex? ¿Piensan los reumatólogos en el sexo?

Dear Editor:

We read in interest Espinoza and García-Valladares’s article entitled ‘Of Bugs and Joints’. We agree that the epidemiology of reactive arthritis (ReA) is difficult to determine, especially in the absence of any internationally validated diagnostic criteria or guidelines. Whilst the clinical features of a ReA secondary to a sexually transmitted infection (STI) are indistinguishable from those caused by an enteric organism, the management could potentially be different. As was discussed, there is evidence that chlamydia induced ReA may benefit from a prolonged course of combination antibiotics.

However, the incidence of induced ReA at 0.19%–0.22% for infliximab, 0.18% for etanercept and 0.02% for adalimumab... as they state, the appearance of LE is quite rare. Postmarketing studies estimate the incidence of induced LE at 0.19%–0.22% for infliximab, 0.18% for etanercept and 0.10% for adalimumab. The slightly higher frequency of LE induced with infliximab... one probable explanation for this discrepancy is that the type of autoimmune response induced by anti-TNF agents is mainly restricted to nonpathogenic IgM or IgA isotypes, and although the main reactivity is anti-DNA, it is rare to develop other LE related antibodies, such as anti-ENA or hypocomplementemia. In addition, the titles of anti-DNA IgM tend to fluctuate over time and disappear quickly after removal of the drug.

References

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In summary, although induced LE is a rare adverse event seen during anti-TNF treatment, it is important to have in mind because of its varied clinical expression, especially on the skin, and to identify those cases that actually are due to this entity, given the trend that may lead to overdiagnosis.

References


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