

Dr. Claudepierre replies

To the Editor:

The interesting letter of Dr. Nuenninghoff gives us the opportunity to briefly discuss the putative role of methotrexate (MTX) discontinuation in the regression of pulmonary nodulosis in our patient¹. By the way, MTX was stopped in October 1999 when analysis of a biopsy of one nodule revealed it was a pulmonary rheumatoid nodule. Thereafter, hydroxychloroquine, D penicillamine, and leflunomide were tried in succession without sufficient efficacy on joint pain. In October 2000, i.e., one year after MTX discontinuation, radiological and scanographic examinations showed stability or increase in nodule size, with no change 6 months later in March 2001. Further, more than 3 years after MTX discontinuation, in January 2003, a new infra-centimetric nodule had appeared in the left lung, without any change in the size of other nodules. Etanercept was then introduced one month later, long after MTX discontinuation and at a time where rheumatoid nodules were in a progression phase.

Thus, it seems that regression of rheumatoid nodules could not be attributed in our patient to MTX discontinuation, again raising the question of the potential role of etanercept in our patient's longterm pulmonary improvement.

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