Dr. Roll, *et al* reply

PETRA ROLL, THOMAS DÖRNER and HANS TONY

J Rheumatol 2013;40;203
http://www.jrheum.org/content/40/2/203.2

1. Sign up for our monthly e-table of contents
   http://www.jrheum.org/cgi/alerts/etoc

2. Information on Subscriptions
   http://jrheum.com/subscribe.html

3. Have us contact your library about access options
   Refer_your_library@jrheum.com

4. Information on permissions/orders of reprints
   http://jrheum.com/reprints.html

*The Journal of Rheumatology* is a monthly international serial edited by Earl D. Silverman featuring research articles on clinical subjects from scientists working in rheumatology and related fields.
To the Editor:

We thank Drs. Besada and Nossent for their remarks regarding the rate of serious infections in patients with antineutrophil cytoplasmic antibody-associated vasculitis (AAV) treated with rituximab. Their points are well taken, and more studies on this topic are required in the future. Clearly, previous therapies and the additional immunosuppression, particularly the often longterm administration of steroids, have to be considered and are likely to mean some risk. Nonetheless, our longterm data available to date could not show an increased infection risk in this refractory patient population. The problems concerning hypogammaglobulinemia and late-onset neutropenia are well known. Unfortunately, values of IgM, IgG, or neutrophils are available for only a few patients in our registry. In contrast to patients with rheumatoid arthritis, patients with AAV showed an enhanced mortality, mostly attributable to the more intense previous and concomitant medication. Of interest, this enhanced mortality was not seen regarding serious and overall infections in this group. In the whole group we saw a decreasing rate of infections soon after therapy. However, for definitive conclusions, longterm data for Ig levels and comediations are lacking in our registry. So we can only confirm the unenhanced infection rate in patients with AAV in our observation time, and agree that the problems of hypogammaglobulinemia, late-onset neutropenia, and T cell dysfunction must be given attention. Longer observation times are needed to draw definitive conclusions.

PETRA ROLL, MD, Department of Rheumatology/Clinical Immunology, University of Würzburg; THOMAS DÖRNER, MD, Department of Rheumatology and Clinical Immunology Charité and DRFZ-University Medicine Berlin; HANS TONY, MD, Department of Rheumatology/Clinical Immunology, University of Würzburg, Germany.

Address correspondence to Dr. P. Roll, Department of Rheumatology/Clinical Immunology, University of Würzburg, Oberdürbacher Str. 6, Würzburg 97080, Germany.

E-mail: Roll_P@klinik.uni-wuerzburg.de

REFERENCES


J Rheumatol 2013;40:2; doi:10.3899/jrheum.121365