

Dr. Saraux replies

To the Editor:

We thank Drs. Duck-An Kim and Think-You Kim for their comments about our article¹. We agree that hepatitis test screening should be adapted to the seroprevalence in each region. The test may be useful for 2 reasons: to diagnose polyarthritis related to hepatitis, and to detect association of hepatitis and rheumatoid arthritis (RA) when treatments having liver toxicity or immunosuppression are needed. In Korea, the seroprevalence of anti-hepatitis C (HCV) is quite similar to that observed in France, while hepatitis B (HBV) is more common. For both, the authors do not observe a higher prevalence in recent-onset polyarthritis than in the general population. These results argue for a very low usefulness of tests for HBV and HCV after the diagnosis of polyarthritis. In contrast, because of the high prevalence of HBV in this country, that test may be useful to detect an association of HBV and RA before treatment. So, each country has to determine the usefulness of these tests according to the national seroprevalence.

In our study, we did not evaluate hepatitis A. Although several micro-

organisms have been implicated in the development of RA based on higher titers of the relevant antibodies, their role as initiating factors of RA remains controversial, and hepatitis A is not among the suspected microorganisms in the literature. Further studies are probably needed before conclusions can be drawn.

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