Dr. Fernández-Fernández and Dr. Sesma reply

To the Editor:

We thank Dr. Park and colleagues[1] for their interest in our letter[2]. They note another mechanism by which N-acetylcysteine might be useful as adjuvant therapy for patients with antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis. The studies that they cite[3,4,5], along with those that we mentioned[6,7], could be the basis to evaluate the hypothetical potential of high-dose acetylcysteine as an anti-vasculitic drug in randomized, placebo-controlled trials in humans. Meanwhile, the IFIGENIA trial (Idiopathic Pulmonary Fibrosis International Group Exploring N-Acetylcysteine I Annual study)[8] revealed an interesting finding for patients treated with azathioprine that may have been overlooked. The dose of azathioprine in this trial was similar to doses used in patients with ANCA-associated vasculitis, and the bone marrow toxicity was significantly less frequent with acetylcysteine than with placebo. We believe that this lower hematologic toxicity justifies the study of high-dose acetylcysteine in patients with ANCA-associated vasculitis treated with azathioprine, regardless of a hypothetical anti-vasculitic action.

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