**To the Editor:**

We read with great interest the article on extraarticular manifestations of rheumatoid arthritis (RA) developing in patients under anti-tumor necrosis factor-α (TNF-α) treatment by Negoescu, et al.1 These manifestations were present in 42/152 patients (27.6%), of whom 22/152 (14.5%) were newly diagnosed and 5/152 (3.3%) were worsened preexisting manifestations of lung disease, subcutaneous rheumatoid nodules, and cutaneous vasculitis. One patient had stable chronic renal failure of unclear cause. Conversely, regression of cutaneous nodules was observed in 4 patients, and some patients were in disease remission while others had active disease. This paper raises serious concern for physicians prescribing these biotherapeutic agents, and its results require clarification.

First, with regard to the lung lesions, a wide variety of lung diseases have been described in patients with RA including interstitial lung disease (ILD) and rheumatoid nodules, but also pleuritis, subcutaneous rheumatoid nodules, and cutaneous vasculitis. Indeed, rheumatoid nodules can involve skin, but also other sites such as the lung, spine, heart valve, and gastrointestinal tract. In rheumatoid nodules of the lung has been reported in patients receiving anti-TNF-α agents.2 Development or worsening of extraarticular manifestations of RA under anti-TNF-α agents seems to be a common phenomenon. Physicians should be aware of this possible side effect of these drugs and wonder whether these manifestations are drug-induced or an alarm of illness progression or an unrelated event. Indeed, we agree with the authors that further clinical and biological studies are required to explain this embarrassing association.

CLAUDE BACHMEYER, MD; CHRISTOPHER REIN, MD; SOPHIE GEORGIN-LAVIALLE, MD, PhD. Department of Internal Medicine, Tenon Hospital (AP-HP), Paris, France. Address correspondence to Dr. C. Bachmeyer. Department of Internal Medicine, Tenon Hospital (AP-HP), 4 rue de la Chine, 75020 Paris, France. E-mail: claude.bachmeyer@tnn.aphp.fr

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