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Comment on: Rituximab therapy for Takayasu arteritis: a seven patients experience and a review of the literature: reply

Sir, We read with interest the report by Nakagomi *et al.* [1] on the results of a multicentric retrospective case series of eight patients with refractory or relapsing Takayasu arteritis (TAK). All but one patient were successfully treated with rituximab (RTX). Disease activity was assessed by Kerr index (National Institutes of Health criteria), laboratory parameters and ability to reduce the daily dose of glucocorticoids. However, radiographic disease activity/progression was not reported.

The paper confirms the literature data [2, 3], according to which eight of the nine reported TAK patients responded to RTX therapy with clinical and laboratory remission. However, only in four of these nine cases was imaging reported before and after RTX and imaging improvement was observed in only two cases.

In our series, despite RTX therapy, four of seven patients experienced persistent disease activity and/or a radiographic disease progression during follow-up. However, an improvement of acute phase reactant values was observed in six of eight patients and eight of nine patients were able to reduce the daily prednisone dosage. Therefore, although only three of seven patients in whom RTX was employed as rescue therapy achieved complete remission, some improvement in disease activity was observed in most patients. In TAK, disease activity assessed by imaging does not necessarily parallel clinical and laboratory findings. Therefore our different results could be partially explained by the inclusion of imaging monitoring of disease activity before and after RTX in all of our patients.

As highlighted by Gonzales-Gay and Castaneda [4] in a recent editorial, the management of patients with TAK is often difficult because the systemic inflammatory response does not always correlate with inflammatory activity in the vessel wall [4, 5]. Persistent disease activity and/or structural damage progression have been reported in patients with normal laboratory tests or clinical remission.

The final goal of medical treatment in TAK should be to achieve remission of inflammation in the vessel wall and prevent the progression of structural damage. Therefore imaging modalities are always needed to evaluate the efficacy of therapy in TAK.

Until now the available data supporting the use of RTX in TAK patients have been too limited to draw definitive conclusions. However, RTX may represent a therapeutic option in some patients with TAK, especially in selected cases refractory to other immunosuppressive/biologic agents. We agree that a randomized control trial to test the efficacy and safety of RTX in patients with TAK is needed.

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References

1 Nakagomi D, Kronbichler A, Witte T *et al*. Comment on: Rituximab therapy for Takayasu arteritis: a seven patients experience and a review of the literature. Rheumatology 2018;57:1309–10.

2 Pazzola G, Muratore F, Pipitone N *et al*. Rituximab therapy for Takayasu arteritis: a seven patients experience and a review of the literature. Rheumatology 2018;57:1151–5.

3 Clifford A, Hoffman GS. Recent advances in the medical management of Takayasu arteritis: an update on use of biologic therapies. Curr Opin Rheumatol 2014;26:7–15.

4 González-Gay MA, Castañeda S. Rituximab in Takayasu arteritis: an unmet hope. Rheumatology 2018;57:1133–4.

5 Keser G, Aksu K, Direskeneli H. Discrepancies between vascular and systemic inflammation in large vessel vasculitis: an important problem revisited. Rheumatology 2018;57:784–90.