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Published in:
Clinical and Experimental Dermatology

DOI:
10.1111/ced.13993

Publication date:
2019

Document Version
Peer reviewed version

Article Type: Correspondence

Comment on 'Fatal, incidental, idiopathic pulmonary fibrosis in a patient receiving long-term low-dose methotrexate for psoriasis': reply from author

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Funding: None

Conflicts of interest: None to declare

Thank you for your interest in our case report.[1] We did state that the cause of death was *idiopathic* pulmonary fibrosis (IPF) due to typical clinical and radiological findings. We agree that there appears to be some overlap in pathogenetic

mechanisms between psoriasis and IPF e.g. raised IL-17; indeed, the possibility of a restrictive form of psoriatic lung disease has been raised although it appears to be rare. Significantly, both cutaneous psoriasis and pulmonary changes can improve with anti-interleukin (IL) 12/IL-23 or IL-17 antibodies.[2] A recent study reported that patients with psoriasis may be at increased risk of developing interstitial lung disease (most commonly IPF) independent of previous or concomitant exposure to immunosuppressants.[3] We agree that *theoretically*, low blood folate levels could be a risk for developing pneumonitis or potentially a chronic interstitial pneumonia exacerbated by methotrexate. However, as is standard clinical practice, our patient had folic acid 5mg daily throughout his methotrexate therapy and given the elapsed time on therapy he did not have a pneumonitis. We do not believe that there is sufficient evidence to suggest higher daily doses of folic acid for patients having methotrexate for psoriasis. Methotrexate-induced pneumonitis appears to be idiosyncratic and so preventative measures are not likely to be helpful for the vast majority of patients. The remote possibility of an interstitial lung disease (ILD) associated with psoriasis does not justify routine radiological screening and biomarkers, although desirable, e.g. serum KL-6, are not reliable or validated for use in clinical practice. We do advocate the general measure of cessation of cigarette smoking in all patients with psoriasis whether or not they are on systemic therapy as this may reduce the chance of developing an ILD such as IPF or separately COPD (another recently proposed extracutaneous manifestation of psoriasis). Further research may help clarify this important and complex topic; we wonder whether the BADBIR large prospective database could shed light on the incidence of ILD in patients with moderate to severe psoriasis?

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