Symptom de Sweet’s syndrome with bullous Sweet’s syndrome

Dear Editor:

We report the case of a 74-year-old female who suffered from myositis, which manifested as extensive dry bullous eruption on the chest and thighs, associated with fever spikes. The patient had a past medical history of Type 2 diabetes and hypertension. Physical examination revealed tender and painful muscle tenderness, particularly in the thighs, during myositis. Laboratory tests showed elevated levels of C-reactive protein (9.0 mg/dL) and fever (20°C). Biopsy of an affected skin lesion revealed a dense infiltrate consisting of neutrophils, lymphocytes, and histiocytes. Treatment with prednisolone (136 mg/day) resulted in a significant improvement of the symptoms. Despite this, the patient continued to experience intermittent episodes of fever and muscle pain.

Sincerely,

[Signature]

[Name]

[Position]
Risk of hepatitis B virus reactivation in patients treated with anti-TNF\textsubscript{\alpha} agents for immune-mediated inflammatory diseases

Riesgo de reactivación de la hepatitis B en los pacientes tratados con agentes anti-TNF\textsubscript{\alpha} para enfermedades inflamatorias inmu-no-mediadas

Dear Editor:

TNF\textsubscript{\alpha} inhibitors revolutionized the treatment of immune-mediated inflammatory diseases (IMIDs). Due to their immunosuppressive nature, these therapies increase susceptibility for new infections and may alter the natural course of latent infections.\textsuperscript{1,2} Occult HBV infection is defined as the persistence of viral genome in the liver tissue of individuals serologically negative for HBV surface antigen (HBsAg).\textsuperscript{3} Patients with positive antibodies to HBV core antigen (anti-HBc) and negative HBsAg and HBV-DNA, with or without antibodies to HBV surface antigen (anti-HBs) are potential occult HBV carriers\textsuperscript{1} and may reactivate under immunosuppressive therapy.\textsuperscript{1,2} Studies in subjects with past HBV infection treated with anti-TNF\textsubscript{\alpha} therapy for inflammatory bowel disease (IBD) and rheumatic diseases estimated a reactivation rate between 1.7% and 5% of patients.\textsuperscript{1,2}

The aim of this retrospective study was to evaluate the rate of reactivation in anti-HBc positive/HBsAg negative patients treated with TNF\textsubscript{\alpha} inhibitors for psoriasis, rheumatologic diseases and IBD.

Patients treated with TNF\textsubscript{\alpha} inhibitors for IMIDs from January 2000 to December 2014, for at least one month were retrospectively included. Information regarding patients' HBV screening serology (HBsAg, anti-HBc and anti-HBs antibodies) and HBV-DNA (in anti-HBc positive patients) prior to the initiation of TNF\textsubscript{\alpha} inhibitors as well as HBsAg seroconversion, HBV-DNA de novo detection and ALT/AST levels during anti-TNF therapy were collected. HBV reactivation was defined as titer elevation up to 2–3 times the upper limit of normal ALT, in combination with de novo detection of HBV-DNA or HBsAg seroconversion. Furthermore, patients' demographic, clinical and therapeutic characteristics were recorded. This study was approved by the hospital's Institutional Review Board.

From 389 patients treated with TNF\textsubscript{\alpha} inhibitors during the study period, 26 (9%) patients were anti-HBc positive/HBsAg negative and one patient presented with a serologic profile compatible with chronic hepatitis B. The mean observation time was 43.6 ± 28.7 months. Subjects' demographic and clinical data are reported in Table 1. Nineteen (73.1%) patients were anti-HBs positive in the pre-treatment screening. HBV-DNA levels were available in 7

References


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