

Reply Letter – Methylprednisolone pulse therapy for relapsing polychondritis (RP) combined with heart block: myth or reality?

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Dear Author,

We read with interest the Letter from Tang et al¹, regarding our previous description on relapsing polychondritis (RP) and heart block² and we are thankful the authors for the queries that allow us to expand the description of this clinical case². Answering the authors about our case:

Firstly, the patient is a young healthy pediatric surgeon, she is not athlete, and she has not any other disease that could induce AV block. The only drug that the patient used was mesalazine for inflammatory bowel disease, as described in the article¹, and she had this disease under control for years. In addition, her blood tests including electrolytes, thyroid and cortisol hormones were within the normal range. Her echocardiography was also normal, excluding secondary heart conditions for the AV block than RP.

Second, it is extremely important to describe if the patient was on disease activity or not. Indeed, she had no clinical evidence of RP activity during the heart block, although her ESR was 35 mm/1st hour (normal: < 12 mm/1st hour) and C-reactive protein was 5.8 mg/L (normal: < 3 mg/L).

Third, the patient used glucocorticoid in high dose for one month and after that a slow tapering was initiated, using this drug for a period of 5 months, when it was completely excluded.

We hope this immunosuppressive strategy may help other subjects with RP, who evolve with heart block, instead of the pacemaker insertion. More case descriptions are desired to demonstrate the efficacy of this treatment in RP.

Conflict of Interest

The Authors declare that they have no conflict of interests.

References

- 1) Tang M, Xie QP, Zhu K, Fu XL. Methylprednisolone pulse therapy for relapsing polychondritis (RP) combined with heart block: myth or reality? *Eur Rev Med Pharmacol Sci* 2022; 26: 1789.
- 2) de Carvalho JF, Behrmann Martins LC, Cardoso AF, Shoenfeld Y. Relapsing polychondritis associated with heart block. *Eur Rev Med Pharmacol Sci* 2021; 25: 2050-2055.