

DEAR EDITOR

We appreciate your interest in our article and the suggestions for the enhancement of its publication.

In our study, we report the frequency of adverse effects in 43.1% of the patients treated with infliximab at 5 centers of pediatric rheumatology, which is in agreement with some reports in the literature, showing a rate up to 50% in pediatric patients.¹⁻³

Of the 58 patients analyzed in this study, 25 presented infusion adverse effects, and medication had to be discontinued in 17 patients because there was evidence of severe allergic reactions. Those patients did not receive infliximab again and migrated to another anti-TNF agent. Six patients who had mild reactions (flush, dyspnea, tachycardia, nausea) received this drug again with reduction of infusion speed. Four of them had reactions in the following applications and medication had to be discontinued. The other two patients continued with infliximab without complications.

The use of methotrexate may reduce the frequency of adverse effects⁴ and the literature reports its use associated with an anti-TNF agent not only to reduce adverse effects related to a lower production of anti-infliximab antibodies, but also to increase the efficiency of the treatment. Forty-nine patients had already used methotrexate before infliximab indication;

17 out of them (34.7%) had reactions during infusion. Of the nine patients who had not been receiving methotrexate, 6 (67%) had reaction, which confirms methotrexate protected some patients from adverse effects. Twenty seven patients had been using corticosteroid and 17 of them presented reaction during infliximab infusion. Thirteen patients who had adverse reactions were using both drugs (corticosteroid and methotrexate).

The presence of antinuclear antibodies may predict an increasing risk of infusion reactions in adults with rheumatoid arthritis;⁴ however, we did not find any association with the presence of those antibodies nor higher frequency of infusion reactions in our patients.

Infliximab is a therapy option for patients with refractory disease and/or intolerance to maximum doses of methotrexate, but its application should be performed in a place equipped for urgency care and with trained personnel.

Sincerely,

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