
DEAR EDITOR

The interesting study written by Barbosa CMPL *et al.* in the September/October 2008 issue of *Revista Brasileira de Reumatologia* about infusion reactions to infliximab in children and teenagers shows high incidence of reactions when compared with the adult population.¹

In the experience of Hospital Israelita Albert Einstein in São Paulo, this number is lower than 10%, and in those cases patients started to receive the drug without new reactions only by reducing the infusion speed.²

Authors will be able to enrich this paper if we have additional information:

- 1) When the drug was discontinued, did they not receive more infliximab infusion? If they were responding, did they migrate to another anti-TNF?
- 2) Some authors suggest some biomarkers indicating infusion reaction, for example, the presence of antinuclear antibodies. Other authors separate the presence of methotrexate from the incidence of infusion reactions. Authors should inform the use of methotrexate in those patients and the presence or absence of antinuclear antibodies.^{3,4}
- 3) What is the mean dose of prednisone in those patients? I believe all of them had been using a basal dose of steroids.
- 4) Finally, since most patients in previous papers did not present antiinfliximab antibodies, we should conclude that the presence of certain reactions does not exclude the possibility of readministration.

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