

Letter to the Editor

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

Dear Editor,

We read the recent article by de Carvalho et al¹ with great interest, in which the authors described a 37-year-old female RP patient who developed heart block (HB) and was successfully treated with methylprednisolone pulse therapy without pacemaker implantation and suggested that methylprednisolone pulse therapy could be applied to cases of RP combined with HB. However, we have some special notes on certain details in this article.

Firstly, there are various factors contributing to the development of first-degree AV block, including simply being a normal variant, inferior myocardial infarction, increased vagal tone (e.g., athletes), status post-cardiac surgery, myocarditis, hyperkalemia, hyperthyroidism, hypoadrenocorticism, congenital heart disease or even medication-induced (e.g., beta-blockers, non-dihydropyridine calcium channel blocks, adenosine, digitalis, quinidine, procainamide, amiodarone, methyl dopa and colistin)²⁻⁴ adding to the fact that atrioventricular conduction disturbances are rare in patients with RP. Therefore, attributing heart block to RP alone deserves more consideration. It is suggested that the authors add a detailed description of the differential diagnosis of the aforementioned diseases in the text.

Secondly, the authors performed a literature review in the text describing that in most cases (7/10), RP was active when HB occurred. In this case, it is unclear whether the patient was in an active phase of the disease, and it is recommended that the authors add indicators describing RP disease activity such as erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP).

Finally, although the authors described in detail in this article that this patient improved after adopting methylprednisolone pulse therapy and taking prednisone 40 mg/day for one month, it is not clear whether the patient required long-term prednisone on top of this and how soon to stop taking it.

In conclusion, although some details of this article need further optimization, this study reveals a successful case of methylprednisolone pulse therapy for RP combined with AV block and supports the growing interest in it.

Conflict of Interest

The Authors declare that they have no conflict of interests.

References

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