Dear Author,

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

Firstly, the patient is a young healthy pediatric surgeon, she is not an athlete, and she has not any other disease that could induce A V block. The only drug that the patient used was mesalazine for inflammatory bowel disease, as described in the article, 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 A V 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