

LETTER

Open Access



Comments on “Recommendations of the Brazilian Society of Rheumatology for the diagnosis and treatment of Chikungunya fever. Part 2 - Treatment”

Vinod Ravindran

I have read with interest “Recommendations of the Brazilian Society of Rheumatology for the diagnosis and treatment of Chikungunya fever. Part 2 – Treatment” [1]. This is an important document and among the first from a national society on a disease with tremendous global burden.

However, I am disappointed with the inadvertent inaccuracies in the presentation and interpretation of our study [2] in the above-mentioned guidelines and hence I would like to highlight those mistakes and point out the correct information.

Statements and comments from the recommendations [1] include;

“It should be noted that the sample of this study was small.”

“Ravindran et al. conducted an uncontrolled, open study that included patients with more than 1 year of arthritis post-infection with CHIKV who failed to respond to the use of HCQ alone.”

“Another uncontrolled study ...”.

“The study by Ravindran et al. showed good response in only 12.5% of 16 patients who used SSZ as monotherapy in the chronic phase of Chikungunya fever. When combined with MTX, the response increased to 71.4%. It should be noted that all cases included had already used HCQ (200 mg/day) and NSAIDs.”

We had conducted a 24 weeks, randomized, and controlled open label study to appraise the efficacy of a combination of disease modifying antirheumatic drugs (DMARDs) regimen compared to hydroxychloroquine (HCQ) monotherapy in patients with persistent arthritis post-infection with CHIKV [2]. All the patients with persistent arthritis were on HCQ and were randomized

either to continue HCQ monotherapy or receive a fixed-dose combination therapy with methotrexate (MTX) 15 mg/week, sulfasalazine (SSZ) 1 g/day, and HCQ 400 mg/day.

Our study was reported according to the CONSORT guidelines. The sample size calculation was performed to provide 80% power at 5% significance level assuming a dropout rate of 10% and estimated 35 patients per group. In our study all patients in the DMARDs group received SSZ at fixed dose. None of the patients in either group received SSZ as monotherapy or MTX as an add-on to SSZ therapy.

The erroneous report undermines the quality and validity of our work. These clarifications provide better understanding about our important contribution on this issue.

Abbreviations

CHIKV: *Chikungunya* virus; DMARDs: Disease-modifying antirheumatic drugs; HCQ: Hydroxychloroquine; MTX: Methotrexate; NSAIDs: Non-steroidal anti-inflammatory drugs; SSZ: Sulfasalazine

Author's contributions

VR is the sole author of the manuscript. The author read and approved the final manuscript

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interest.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Correspondence: drvinod12@gmail.com
Centre for Rheumatology, Calicut, Kerala, India



© The Author(s). 2018 **Open Access** This article is distributed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated.

Received: 7 August 2018 Accepted: 9 August 2018

Published online: 12 September 2018

References

1. Marques CDL, et al. Recommendations of the Brazilian Society of Rheumatology for the diagnosis and treatment of chikungunya fever. Part 2 - Treatment. *Rev Bras Reumatol Engl Ed.* 2017;57(Suppl 2):438–51. <https://doi.org/10.1016/j.rbre.2017.06.004>.
2. Ravindran V, Alias G. Efficacy of combination DMARD therapy vs. hydroxychloroquine monotherapy in chronic persistent chikungunya arthritis: a 24-week randomized controlled open label study. *Clin Rheumatol.* 2017 Jun;36(6):1335–40. <https://doi.org/10.1007/s10067-016-3429-0>.

Ready to submit your research? Choose BMC and benefit from:

- fast, convenient online submission
- thorough peer review by experienced researchers in your field
- rapid publication on acceptance
- support for research data, including large and complex data types
- gold Open Access which fosters wider collaboration and increased citations
- maximum visibility for your research: over 100M website views per year

At BMC, research is always in progress.

Learn more biomedcentral.com/submissions

