Author's response to reviews

Title: Etanercept in the treatment of recalcitrant enteropathic arthritis: a case report and literature reviews

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Author's response to reviews: see over
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Reviewer #1 (Dr Debasish Pyne)

COMMENTS:

1. Para 2 of ‘Case Report’: CRP raised to 1.14. What is the normal range?
   - Done. The normal range of CRP is < 0.5 mg/dL (highlighted in para 2 of case, page 4)

2. When was MTX started and how long was the trial of MTX before this was deemed failure?
   - The date and the duration of trial of MTX is now described in paragraph 3 of the case report (kindly see the highlighted addendum in the paragraph 3 of ‘Case Report’, page 5): “Oral methotrexate 10mg weekly was added on the 7th August 2006; on top of sulfasalazine 1g BD, prednisolon 10 mg OD and azathioprin 100mg OD. Unfortunately, despite on the above treatments for four months, she continued to show poor response with persistent recurrence of knee effusion. Subsequently subcutaneous Etanercept 25 mg twice was initiated in December 2006 with the other DMARDs and azathioprine being continued.”

3. Final para of ‘Case Report’: ‘Up to date no relapse,’ How long was this follow up?
   - The duration of follow up without relapse is now added in the final paragraph of the ‘Case Report’: “SC etanercept 25mg biweekly and methotrexate 10mg weekly
was continued and after 12 months of follow up, there’s no more relapse of the colitis or arthritis and no serious side effects being noted”.

- (Kindly see the highlighted addendum in the final paragraph of the ‘Case Report’, page 5.)

4. Combination treatment, of MTX + SSZ + AZA + Steroids + Etanercept has been used in this patient, rather than switching through the drugs, and I would be concerned regarding potential side effects with this degree of immunosuppression.

- We totally agreed with the reviewer’s opinion that the above immunosuppressive combination was potentially harmful to the patient. We have addressed the concern in the highlighted paragraph 4 page 7 of the ‘Discussion’: “Despite no role of etanercept in the treatment of the underlying colitis, it was chosen due to the availability of the medication in our hospital and patient’s preference to deliver the medication at home by herself. Due to the history of long standing active ulcerative colitis which was finally managed to be brought down to remission by azathioprine and mesalazine, a multidisciplinary decision between the gastroenterologists and rheumatologists was made to continue the previous immunosuppressants with close monitoring of the side effect of the combination therapy. Finally the azathioprine and steroid was stopped when the patient developed an episode of uncomplicated community acquired pneumonia with a mild flare of colitis after six months of the combination therapy and she was continued with SC etanercept 25mg biweekly and methotrexate 10mg weekly only”.

Reviewer #2 : Francesco Oliva

1. Why the authors has not charge any clinical figures of the patient or histological figures of this rare chronic synovitis?
• Histological figure was added in the corrected manuscript. Kindly see Figure 1.

We highly appreciate all the reviewer’s comment and we hope the editors will kindly accept our revised manuscript to be published in your journal.

Thank you.

Yours sincerely,

Dr Mohd Shahrir Mohamed Said, Dr Syahrul Sazliyana