Sir, it is with great interest that we read the paper of Sullivan et al.1 (Br J Dermatol 2003; 149:1046-1049) about Infliximab use in hidradenitis suppurativa (HS). We would like to briefly comment on a few issues addressed in this paper related to Infliximab treatment in patients with HS and Crohn’s disease, as we have already reported a similar case of successful treatment. In fact, for nearly four years now we have been successfully treating with Infliximab (8-weekly infusions, 5mg/kg) a 40-year-old man with axillary HS related to his fistulizing severe Crohn’s disease. In the paper of Sullivan et al. the longest period between an HS treatment episode and the interview was only six months and the number of infusions was extremely low (one or two infusions per patient). We believe that the short follow-up period and the non-administration of regular maintenance infusions are the main reasons why the great majority of HS patients did not experience marked improvement or even relapsed. In fact, it seems that regardless of Crohn’s or other systemic disease co-existence, Infliximab administration in such HS patients should be reasonably prolonged, probably lasting for several months in some difficult cases, in order to obtain and maintain the initial optimal results. In addition, HS cases with poor initial response to Infliximab infusions will probably do better as the cumulative number of doses increases over time. To our knowledge, Infliximab in patients already systemically receiving other immunosuppressive drugs must also go along this clinical rule. Although few patients have been treated with Infliximab for extended periods of time, malignancy risk represents a controversial topic. In a recent study it has been suggested that the preclinical data and the early clinical expe-

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rience presented for anti-TNFα (Infliximab) do not provide evidence for a causal relationship between TNFα antagonism and the development of lymphoid or non-lymphoid cancers. Moreover, no evidence exists on the impact of Infliximab on benign or hyperplastic conditions.

From our point of view, unless the absolute risk of inflammatory bowel disease patients developing malignancies is assessed extensively, no secure statements about the hyperplastic or carcinogenesis effect of any kind of therapy, especially of the new biological agents including Infliximab, should be generalized or adopted in any current guidelines.

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