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CORRESPONDENCE

Dapsone in immunoglobulin A–associated vasculitis

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Dear Editor:

We would like to congratulate Roman C et al. for the excellent article entitled "Indications and efficiency of dapsone in IgA vasculitis (Henoch-Schönlein syndrome): case series and a review of the literature" [7]. The authors report on 17 very well-documented pediatric patients (including two own cases) affected by immunoglobulin A–associated vasculitis complicated by long lasting cutaneous lesions. In all children (11 females and 6 males aged from 1.8 to 16, median 8.0 years), the cutaneous lesions responded to drug management with dapsone 0.5 to 2.0, median 1.0 mg/kg daily. Relapses were frequently observed after discontinuation but responded to a second treatment course with dapsone.

Using our bibliographic database of publications that report on rare cutaneous manifestations in immunoglobulin A–associated vasculitis [2, 3, 6], we found that the information presented by Roman C et al. is supported by two further pediatric case reports [4, 5], by a rather poorly documented report [8] including 15 children (three girls and 12 boys ranging in age from 2.7 to 11 years) and by at least 13 case reports in adult patients. Surprisingly, dapsone failed to alleviate the cutaneous lesions in a 9-year-old girl with Henoch-Schönlein purpura presenting both with purpuric as well as with bullous cutaneous lesions [1].

In conclusion, these data further support the notion that dapsone has a positive effect in immunoglobulin A–associated vasculitis with long-lasting (≥ 6 weeks) cutaneous manifestations. In patients with bullous cutaneous features, however, dapsone may be less effective. Available data suggest that colchicine might be prescribed for these cases [2, 6].

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Compliance with ethical statements

Conflict of interest The authors declare that they have no conflict of interest.

Ethical approval This article does not contain any studies with human participants or animals performed by any of the authors.

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