



Letter to the Editor

Challenging therapeutic goal in large vessel vasculitis Comment on “Statins reduce relapse rate in Takayasu arteritis” published in the journal



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I read with great interest the recently published article by Kwon OC et al. in this journal [1]. They conducted a retrospective study on 74 patients with Takayasu arteritis (TAK) to test whether statins could reduce relapse rate after remission [1]. Patients who relapsed during the follow-up had lower frequencies of taking statins than those who did not. Multivariate analyses yielded that statin use was associated with lower risk of relapse. Based on these findings, the authors concluded that statins might be useful for reducing relapse in TAK [1].

I understand the nature of retrospective studies; however, I would say this study has several issues. Firstly, baseline characteristics of statin users and non-users had significant differences not only in age (47.2 vs 30.3 years) but also in serum CRP levels (1.00 vs 2.25 mg/dl), which potentially suggests selection bias. Secondly, serum CRP levels (1.49 mg/dl in 74 patients) in this cohort were relatively low compared to other studies (5.8 mg/dl in Japan [2] and 3.75 mg/dl in the US [3]). Thirdly, although statins reduced relapse rate, they did not have any steroid-sparing effect. Fourthly and most importantly, the authors did not assess disease progression using imaging modalities. I believe that

ultimate therapeutic goal in large vessel vasculitis including TAK and giant cell arteritis should be the suppression of vessel wall inflammation [4,5].

Although this paper includes some issues, this is the first study evaluating the potential role of statins on TAK. Further prospective study is needed to confirm their observation.

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Conflict of interest

This author declares that there are no conflicts of interest in this article.

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