



Letter to the Editor

## Reply to: Challenging therapeutic goal in large vessel vasculitis

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## Keywords:

Takayasu arteritis  
Statin  
Relapse

Dear Dr. Watanabe

Thank you for your interest and comments on our recently published article [1]. As you pointed out, there were some differences in baseline characteristics between statin users and statin non-users. Thus, to minimize potential bias that may stem from these differences in baseline characteristics, we had performed an inverse probability of treatment weighting-adjusted analysis and found that statin use was associated with lower relapse rate.

Serum C-reactive protein (CRP) levels in Takayasu arteritis vary among studies. In a Chinese study the median value of CRP was 2.89 mg/dl [2], and in an Italian study the median value of CRP was as low as 1.3 mg/dl [3]. Although the CRP level of 1.49 mg/dl in our cohort patients is relatively low, we did not consider it extraordinarily low.

As you noted, statins did not have steroid-sparing effect in our data. Therefore, we did not suggest statin as a substitute for glucocorticoid or immunosuppressants, but as a potentially effective adjunctive therapy when used with background glucocorticoid and/or immunosuppressants.

In our study, patients did not undergo routine imaging follow-up, and only the patients clinically suspicious of having new vascular

lesions underwent imaging follow-up. As not all patients had follow-up imaging data, we were unable to evaluate the effect of statins on disease progression based on imaging modality, and therefore was behind the scope in this present study.

We agree that further prospective study with larger sample size is necessary to confirm our finding and also to evaluate whether statins have an effect in inhibiting disease progression.

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None.

## Conflict of interest

The authors declare that there are no conflicts of interest in relation to this article.

## References

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