ARTHRITIS & RHEUMATISM
Vol. 58, No. 9, September 2008, pp 2923–2924

LETTERS

DOI 10.1002/art.23808

Celecoxib for lupus

To the Editor:

Zhang et al (1) suggest that cyclooxygenase 2 inhibition in murine models of lupus is efficacious and suggest that trials be undertaken in humans. In fact, 2 studies in humans have been reported. Lander et al (2) retrospectively demonstrated that the use of celecoxib was associated with less musculoskeletal and generalized inflammation and had an excellent safety profile. As a result, my group, in collaboration with Johns Hopkins University, recently completed a prospective trial in 51 patients (3), which demonstrated not only celecoxib-related improvements in musculoskeletal symptoms and significant reduction of the Systemic Lupus Erythematosus Disease Activity Index score (4), but also that the drug did not increase coagulability. Further study of this agent in lupus is warranted.

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DOI 10.1002/art.23864

Rebamipide as an important adjunctive tool in the management of rheumatologic disorders: comment on the article by Kohashi et al

To the Editor:

I read with interest the recent article by Kohashi et al on treatment of Sjögren's syndrome (SS) with rebamipide (1). The results of their study support the findings of a previous study in which Oka and colleagues demonstrated the efficacy of rebamipide in the treatment of xerostomia in humans with SS (2).

Rebamipide enhances the levels of mucin-like substances on the cornea in experimental animals treated with *N*-acetylcysteine (3). Clearly, this has major implications, especially in patients with dry eyes secondary to SS. Rebamipide also prevents gastrointestinal ulcers in individuals receiving long-term nonsteroidal antiinflammatory drug therapy, a common treatment in patients with rheumatologic disorders (4). In fact, it is almost as effective as misoprostol in this regard (5). Rebamipide performs these functions by stimulating angiogenesis in gastric endothelial cells, as well as by activating growth factor genes that stimulate angiogenesis in the gastric mucosa (6). It has also been used successfully in the treatment of recurrent aphthous ulcers in patients with Behçet's syndrome (7). Furthermore, 2 recent studies have shown that rebamipide enemas are an effective treatment option in patients with recalcitrant ulcerative colitis (8,9), a condition frequently seen by rheumatologists since secondary arthritic symptoms often occur.

Clearly, rebamipide is an important adjunct in the management of rheumatologic disorders. Further studies are needed to explore its potential use in rheumatologic diseases besides SS.

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DOI 10.1002/art.23790

Concerns regarding the readministration of tumor necrosis factor α antagonists following tuberculosis flare: comment on the concise communication by Aslanidis et al

To the Editor:

We read with interest the concise communication by Dr. Aslanidis and his colleagues regarding the safety of readminister-