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Systemic sclerosis related interstitial lung disease: What is the recommended treatment?

Enfermedad pulmonar intersticial relacionada con la esclerosis sistémica: ¿cuál es el tratamiento recomendado?

Sr. Editor:

We have read the article by Sobolewski et al.[1] with great interest and we sincerely congratulate them for highlighting the current developments in the management of systemic sclerosis (SSc). Although they wanted to gather the newest data about the aetiology, pathophysiology and management, the part regarding the management of SSc related interstitial lung disease (SSc-ILD) has some clerical error. Firstly, they specified that patients with SSc-ILD have stable or slowly progressive disease and only 25–30% of them need immunosuppressive treatment. This statement creates an impression that ILD in SSc is not a serious complication. However, in the previous part of the same manuscript, it is stated that SSc-ILD is one of the major causes of morbidity and mortality and we know that SSc-ILD is not a benign complication of the disease. Secondly, they reported that mycophenolate mofetil (MMF) is the preferred first line agent for the treatment of SSc-ILD. On the other hand, in the following paragraph, it is written that intravenous cyclophosphamide (CYC) is the recommended first line therapy for SSc-ILD and MMF is a good alternative treatment. In this regard, European League Against Rheumatism (EULAR) also recommends CYC for SSc-ILD in the first line, but not MMF.[2]

In conclusion, as complications in SSc is still characterized by a severe course and high risk of early death, the importance and severity of ILD in SSc patients should be highlighted and the recommended first line treatment for SSc-ILD should be clarified.

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