

Review of: "Methotrexate Induced Lymphadenitis: A Case Report"

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This article presents a case of rheumatoid arthritis in which lymphadenitis developed, a rare complication following methotrexate use. This case report emphasizes the importance of monitoring patients for lymphadenitis on methotrexate therapy. The mention of similar case reports and citations of literature on methotrexate-induced lymphoproliferative disorders reinforces the case presentation. The authors emphasize the quick regression of symptoms after discontinuing methotrexate. This adds practical value to the article for clinicians. While the case report is informative, there are some points that need to be explained:

More clinical details would strengthen the case presentation. For example, it is stated that the patient's lymphadenitis symptoms regressed after stopping methotrexate treatment. However, it has not been reported how the joint complaints progressed after stopping methotrexate. In real life, a rheumatoid arthritis patient is not expected to experience remission of joint symptoms with hydroxychloroquine alone. The first drug recommended as an alternative in patients who cannot use methotrexate is leflunomide. The fact that an activated rheumatoid arthritis resolves within a few days with only hydroxychloroquine without corticosteroids is inconsistent with real-life data. The authors should make a statement on this issue.

When looking at the literature, the average time for reactive lymphadenopathy developing due to methotrexate use to heal is months. However, the authors state that the symptoms improve in 36 hours. In my opinion, it seems more likely that this case is a post-infectious reactive lymphadenitis. Therefore, the relationship between the reactive lymphadenitis in the presented case and methotrexate can be confirmed by the recurrence of symptoms after the patient is restarted on methotrexate.

In summary, this case report provides insights into a rare side effect of methotrexate, but it could be strengthened by more clinical details and a broader discussion on methotrexate-induced lymphadenitis.

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