

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

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Potential competing interests: No potential competing interests to declare.

In this article, the authors presented a case of lymphadenitis as an adverse effect of methotrexate (MTX) treatment.

Firstly, the authors mention that methotrexate-induced lymphadenopathy (MILA) has a relatively low frequency, but the exact incidence is not provided. Additionally, after the first mention of rheumatoid arthritis, it should be abbreviated as RA throughout the entire text. A reference for causality assessment of WHO-UMC cases is missing.

Details such as the side of the cervical node, its size, and consistency are missing. The most important characteristics to evaluate during the physical examination of enlarged lymph nodes include size, consistency, fixation, and tenderness.

Furthermore, did the authors perform any additional laboratory investigations or a Doppler ultrasound? It is crucial to exclude bacterial, viral, and other atypical infections. Epstein-Barr virus (EBV) has been implicated in MTX-associated lymphoproliferative disease, and Hoshida et al. reported a higher prevalence of EBV infection in such cases. Those with spontaneous regression had a higher EBV positivity than those without regression.

Understanding these factors is important because lymphadenopathy represents a major diagnostic challenge. It can result from infection, inflammation, malignancy, drugs, or other disease processes. The differential diagnosis of lymphadenopathy in rheumatologic disorders is complex. It may be a consequence of primary immune activation, a benign aspect of the natural history of the immune-mediated condition, or an infectious complication of immunosuppressive therapies.

Lymphadenopathy occurs in approximately 75% of patients with RA, typically affecting the cervical, supraclavicular, and axillary regions (Alejandro A. Gru 2017). RA-associated lymphadenopathy is characterized histologically by an increased number of polytypic plasma cells and capillary endothelial hyperplasia, with neutrophils observed in the sinuses and interfollicular areas. Open excisional biopsy allows for a thorough histological evaluation of intact tissue, providing essential information about cellularity and architecture, whereas core needle biopsy offers limited insights into lymph node architecture.

Finally, according to the WHO-UMC system for standardized case causality assessment, the term "probably" should, in my opinion, be replaced with "possible."