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

Snežana Arandjelović

Potential competing interests: No potential competing interests to declare.

The paper presents a case of lymphadenitis associated with the use of methotrexate (Mtx).

Taking into account the frequency of rheumatoid arthritis (RA) as well as the use of Mtx in treatment, pointing out the possible association with lymphoproliferative diseases (LPD) is certainly important, and it is worth publishing such a report.

It is known that methotrexate-induced lymphoproliferative disease (Mtx-LPD) is rare, which is mentioned in the paper, but it would be good to point out the prevalence specifically so that the reader has an idea of the frequency.

Although the diagnosis is supported by a biopsy (FNAC) of the lymph node and the HP finding, the diagnostic procedure is relatively scarcely specified: lymphadenopathy was established by physical examination, but the size of the lgl and other characteristics that could be determined by ECHO examination are not clear.

Also, the presence of acute phase reactants, which can be expected to be elevated in a state of inflammation, is not specified.

Lymphadenopathy, especially in autoimmune diseases in general, including RA, can be multifactorial and is a diagnostic challenge. Therefore, it would be useful to point out the differential diagnosis.

And finally, the association of EBV infection (primarily reactivation of latent infection) with lymphadenopathy as well as RA is known. The literature reports an association of about 40% of EBV and Mtx-LPD. The paper lacks information on whether EBV infection was considered.

Although it is known that the lymphoproliferative disease can be resolved in about half or more of the patients with Mtx-LPD after stopping the drug, the rapid response in terms of regression of lymphadenopathy or lymphadenitis within 36 hours is remarkable. It was reported that the patient was treated with 7.5 mg once a week. It would be interesting to know which day in relation to the administration of the medicine she was admitted to the hospital, because she certainly did not take the drug 6 days a week. Could the relatively quick complete resolution suggest that the lymphadenopathy may be of other etiology, e.g., viral? There is data in the literature that patients with rapid regression of Mtx-LPD are more likely to have EBV infection.

Under these circumstances, perhaps the appropriate description of causality according to the WHO-UMC assessment is "possible" rather than "probable"? Also, no reference is given for this assessment.