

Response to “Prevalence, Risk Factors, and Mortality of Invasive Pulmonary Aspergillosis in Patients with Anti-MDA5 + Dermatomyositis: A Retrospective Study in China” [Letter]

Retno Dewi Priskusanti, Untung Slamet Suhariyono, Chanif Mahdi

Medical Record and Health Information Department, ITSK RS DR Soepraoen Malang, Kota Malang, Jawa Timur, Indonesia

Correspondence: Retno Dewi Priskusanti, ITSK RS DR Soepraoen Malang, Kota Malang, Jawa Timur, Indonesia, Email retnodewi@itsk-soepraoen.ac.id

Dear editor

The article entitled “Prevalence, Risk Factors, and Mortality of Invasive Pulmonary Aspergillosis in Patients with Anti-MDA5 + Dermatomyositis: A Retrospective Study in China” The findings of this study provide critical insights into the clinical challenges faced by patients with anti-MDA5+ dermatomyositis (DM) and the heightened risk of invasive pulmonary aspergillosis (IPA) within this population.¹

The reported prevalence rate of 6.7% for IPA among patients with anti-MDA5+ DM underscores the significant burden of this complication. The identification of *Aspergillus fumigatus* as the predominant species aligns with existing literature, further highlighting the need for targeted antifungal strategies in this context. Notably, the study’s revelation that elevated bronchoalveolar lavage fluid (BALF) galactomannan levels are an independent risk factor for IPA is a particularly valuable contribution.² This finding provides a quantifiable marker that can aid clinicians in early identification and intervention, potentially improving patient outcomes.

The differentiation of the IPA+ group based on clinical and laboratory parameters—such as lower lymphocyte counts, reduced serum albumin, and elevated serum ferritin—adds a nuanced understanding of the risk profile for these patients. This information is crucial for developing more precise monitoring and treatment protocols. The observed 25% mortality rate in the IPA+ group is alarmingly high and calls for urgent improvements in both preventive and therapeutic approaches.

Given the complexity of managing anti-MDA5+ DM patients who develop IPA. However, this finding was different from reports in African nations, where *A. flavus* and *A. niger* are the most prevalent aspergillus species.³ Further research should focus on prospective studies to validate the predictive value of BALF galactomannan levels and other identified risk factors. Additionally, exploring the role of immunomodulatory treatments and their impact on the incidence and progression of IPA in these patients could provide new therapeutic avenues. Additionally, echinocandins are recognized as promising options for second-line or salvage therapy.⁴

The study’s findings have significant implications for clinical practice and future research. They suggest that routine screening for IPA in anti-MDA5+ DM patients, particularly those exhibiting identified risk factors, could become a standard component of patient care. Moreover, the insights gained from this study could inform the design of clinical trials aimed at evaluating the efficacy of novel antifungal therapies or prophylactic measures in this high-risk population.

In conclusion, the study makes a substantial contribution to our understanding of IPA in anti-MDA5+ DM patients. It sets the stage for future investigations to build on these findings and improve clinical outcomes through enhanced diagnostic and therapeutic strategies. I commend the authors for their valuable work and look forward to seeing further advancements in this critical area of research.

Disclosure

The authors report no conflicts of interest in this communication.

References

1. Chen X, Lin S, Jin Q, et al. Prevalence, risk factors, and mortality of invasive pulmonary aspergillosis in patients with anti-MDA5+ dermatomyositis: a retrospective study in China. *J Inflamm Res.* 2024;17:3247–3257. doi:10.2147/JIR.S460702
2. Ullmann AJ, Aguado JM, Arican-Akdagli S, et al. Diagnosis and management of Aspergillus diseases: executive summary of the 2017 ESCMID-ECMM-ERS guideline. *Clin Microbiol Infect.* 2018;24(Suppl 1):e1–e38. doi:10.1016/j.cmi.2018.01.002
3. Yerbanga IW, Nakanabo Diallo S, Rouamba T, et al. A systematic review of epidemiology, risk factors, diagnosis, antifungal resistance, and management of invasive aspergillosis in Africa. *J Mycol Med.* 2022;33(1):101328. doi:10.1016/j.mycmed.2022.101328
4. Douglas AP, Smibert OC, Bajel A, et al. Consensus guidelines for the diagnosis and management of invasive aspergillosis, 2021. *Intern Med J.* 2021;51(Suppl 7):143–176. doi:10.1111/imj.15591

Dove Medical Press encourages responsible, free and frank academic debate. The content of the Journal of Inflammation Research 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the Journal of Inflammation Research editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

Journal of Inflammation Research

Dovepress

Publish your work in this journal

The Journal of Inflammation Research is an international, peer-reviewed open-access journal that welcomes laboratory and clinical findings on the molecular basis, cell biology and pharmacology of inflammation including original research, reviews, symposium reports, hypothesis formation and commentaries on: acute/chronic inflammation; mediators of inflammation; cellular processes; molecular mechanisms; pharmacology and novel anti-inflammatory drugs; clinical conditions involving inflammation. The manuscript management system is completely online and includes a very quick and fair peer-review system. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/journal-of-inflammation-research-journal>

<https://doi.org/10.2147/JIR.S479288>