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LETTER

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 Prisusanti, Untung Slamet Suhariyono, Chanif Mahdi

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

Correspondence: Retno Dewi Prisusanti, 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.

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Disclosure

The authors report no conflicts of interest in this communication.

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