

Correspondence

Reply

To the Editor:

We appreciate the comments of Šedivá et al¹ regarding our investigator-driven study on anti-CD20 (rituximab) treatment for atopic eczema (AE).² The authors confirm our observation that rituximab has a positive clinical effect in patients with severe AE. However, in the 2 patients they have treated with rituximab, the clinical condition appeared to improve less compared with that seen in our patients, and the positive effect was time limited. We agree with Šedivá et al¹ that the most likely reasons for the limited clinical efficacy in their 2 patients are (1) the lower dose (2×500 mg compared with 2×1000 mg) and (2) the greater severity of the disease. Unfortunately, Šedivá et al failed to investigate B-cell numbers in the skin. We observed that rituximab only partially reduced skin B-cell numbers. It is possible that the reduced dose of 2×500 mg is even less effective at reducing B cells at inflammatory sites compared with the high dose we used.

Šedivá et al¹ mention that we would have seen changes in CD8⁺ T-cell numbers. However, this does not accurately reflect our observations. We observed reduced numbers of CD8⁺CD25⁺ T cells but no reduction of the overall CD8⁺ T-cell population. Šedivá et al report reduced absolute numbers of CD4⁺ T cells in blood, a finding that we did not see in our 6 patients. Moreover, Šedivá et al observed reduced numbers of plasma cells in blood as a consequence of rituximab treatment, another surprising finding because plasma cells do not express CD20. We analyzed plasma

cells in the skin and found very low numbers that did not change after rituximab treatment.²

We do not know how long the positive clinical effect of 2 rituximab applications will last. We reported a time period of 24 weeks. We were able to follow-up 3 of the 6 patients of our study for an additional 12 weeks. In these 3 patients no deterioration occurred in this additional observation period (unpublished data). Clearly, our work was a pilot study with a limited number of patients. We expect that the variety of findings will increase with the number of patients treated with rituximab. Only large multicenter and controlled trials will define the efficacy of rituximab in the treatment of AE.

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