



LETTER TO THE EDITOR

The importance of IGRA in patients candidates for biological therapy



Dear Sir,

We read with great interest the article from Jauregui-Amezaga A. et al. on the risk of developing tuberculosis under anti-TNF treatment despite latent infection screening.¹ Given that also in Portugal there is currently a significant concern on this relevant issue, delegates from the Tuberculosis Committee of the Portuguese Pulmonology Society (SPP), the Rheumatoid Arthritis Study Group (GEAR), the Portuguese Society of Dermatology and Venereology (SPDV) and the Portuguese Society of Gastroenterology (SPG) have recently published recommendations for a consensus strategy for the screening and prevention of tuberculosis in patients with immune mediated inflammatory diseases who are candidates for biological therapy² (Fig. 1). The proposed strategy encompasses a combination of detailed medical history, chest radiograph, tuberculin skin test (TST) and interferon- γ release assay (IGRA). IGRA has demonstrated higher sensitivity than TST for the diagnosis of latent tuberculosis in patients with immune-mediated diseases, even after starting immunosuppressive therapy.³ In the study published by Jauregui-Amezaga A. et al., the fact that IGRA was not performed may have contributed to the high and unexpected incidence of tuberculosis in this cohort of patients treated with anti-TNF drugs. Currently, it is prudent to use both TST and IGRA in order to maximize sensitivity.⁴ Whenever there is evidence of positive TST and/or IGRA, treatment of latent tuberculosis infection with isoniazid for a period of 9 months is the most commonly used regimen and has an estimated efficacy of around 90%.⁵ Patients may start biological therapy after 1–2 months, as long as they are strictly adhering and tolerating their preventive regimen.²

Disclosure statement

The authors declare no conflict of interest.

References

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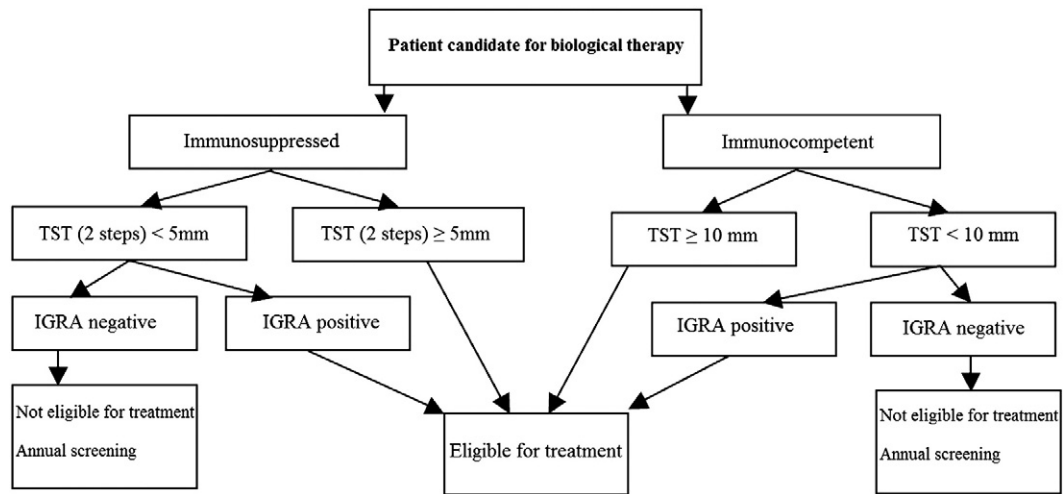


Figure 1 Decision algorithm for eligibility for treatment of latent tuberculosis infection. If chest radiograph suggestive of previous untreated tuberculosis, or in the event of contact with active tuberculosis, patients should be eligible for treatment after exclusion of active tuberculosis, regardless of the result of TST or IGRA. TST – tuberculin skin test; IGRA – interferon- γ release assay. Adapted from Duarte R. et al.²