



What insights can be gained from optimizing the relevant research on methotrexate monotherapy versus methotrexate and apremilast combination therapy in the treatment of palmoplantar psoriasis?

Dear Editor,

Palmoplantar psoriasis is a type of psoriasis which predominantly involves palms and soles. Current therapeutic effects are limited with potentially significant adverse effects.¹ We read with interest this study, "Methotrexate monotherapy versus methotrexate and apremilast combination therapy in the treatment of palmoplantar psoriasis: A prospective, randomised, assessor-blinded, comparative study" published in your journal.² This was a prospective, randomised, assessor-blinded comparative study where 60 patients with palmoplantar psoriasis were randomly divided into two groups, one receiving methotrexate monotherapy and the other receiving methotrexate and apremilast combination therapy. The treatment lasted for 16 weeks. The primary efficacy endpoint was the change in the severity of skin lesions after treatment. Safety assessments included monitoring and recording adverse events. The results showed that the combination therapy group had a significantly higher reduction in the severity of skin lesions after 16 weeks of treatment. The incidence of adverse events in the two groups was similar. Future research will help further explore the mechanism of combined treatment with methotrexate and apremilast, and optimise dosage and treatment duration. In addition, methotrexate has certain nephrotoxicity, and the use of methotrexate in combination with other compounds to reduce its toxic side effects is also one of the future research directions.³

The study period for this article was relatively short. The study used a 16-week treatment period and only conducted one follow-up assessment; therefore, the study results only represent the efficacy and safety of early treatment. Palmoplantar psoriasis is a chronic disease that requires

long-term maintenance and management, and therefore this short-term, randomized controlled study cannot fully reflect the long-term efficacy and safety of treatment.⁴

Blinding of evaluators is an advantage of this study, but it did not explain how the blinding of evaluators was implemented, such as whether a double-blind design was used, or whether the evaluators were trained.⁴ This information is essential for assessing the reliability and effectiveness of the study. The similar incidence of side effects reported in this study does not necessarily mean that the side effects of the two treatment regimens are completely the same, as the sample size of the study is small and may not fully reflect the side effects of the treatment regimen.⁵ Therefore, when using these two treatment regimens, it is still necessary to closely monitor the possible side effects and adverse reactions in patients. However, overall, this is a high-quality original article that is worth studying.

Declaration of patient consent

Patients' consent not required as there are no patients in this study.

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Conflicts of interest

There are no conflicts of interest.

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References

1. Rao A, Khandpur S, Kalaivani M. A study of the histopathology of palmo-plantar psoriasis and hyperkeratotic palmo-plantar dermatitis. *Indian J Dermatol Venereol Leprol* 2018;84:27–33.
2. Hassanandani T, Panda M, Jena AK, Raj C. Methotrexate monotherapy versus methotrexate and apremilast combination therapy in the treatment of palmoplantar psoriasis: A prospective, randomised, assessor-blinded, comparative study. *Indian J Dermatol Venereol Leprol* 2023;89:213–20.
3. Wei X, Wu Y, Tang H, Wang B, Wang Y, Sun W, *et al.* CP-25 ameliorates methotrexate induced nephrotoxicity via improving renal apoptosis and methotrexate excretion. *J Pharmacol Sci.* 2021;146:21–8.
4. Verma KK, Kumar P, Bhari N, Gupta S, Kalaivani M. Azathioprine weekly pulse versus methotrexate for the treatment of chronic plaque psoriasis: A randomized controlled trial. *Indian J Dermatol Venereol Leprol* 2021;87:509–14.
5. Singh SK, Singnarpi SR. Safety and efficacy of methotrexate (0.3 mg/kg/week) versus a combination of methotrexate (0.15 mg/kg/week) with cyclosporine (2.5 mg/kg/day) in chronic plaque psoriasis: A randomised non-blinded controlled trial. *Indian J Dermatol Venereol Leprol* 2021;87:214–22.

Letter to the editor regarding “Laboratory detection of bacterial pathogens and clinical and laboratory response of syndromic management in patients with cervical discharge: A retrospective study”

Dear Editor,

We read the article “Laboratory detection of bacterial pathogens and clinical and laboratory response of syndromic management in patients with cervical discharge: A retrospective study” with great interest.¹ A relative lack of laboratory facilities for pathogen detection and other social and resource constraints often leaves sexually transmitted infections (STIs) to be managed on a syndromic and a rather empirical basis in India, as also highlighted by the authors. However, some nuances need to be addressed in this study. This retrospective study revealed “infectious” aetiology in only 30 (44.7%) patients. Though the non-infectious aetiology may not be of primary concern to the sexually transmitted disease (STD) specialist, the remaining half of these patients need some more academic attention. Surprisingly ureaplasma species was the commonly isolated organism on culture and polymerase chain reaction (PCR).

In Table 1 of the source publication,¹ the authors have provided a “demographic and clinical profile of cases and

controls” for a total of 70 patients. However, the significance and correlation of these items are not clearly defined in the methodology and the results. The analysis for bacterial isolates has been done on 67 pre-treated samples and 28 samples as post-treatment or test-of-cure. This incongruity of the denominator in the analysed data sets makes the “generalisation” of results and drawing inferences from it difficult. The clinical improvement has been graded from “complete” through ‘moderate’ to “minimal/none”, which again raises questions as to how this grading is practically employed for cervicitis by the patient or the examiner. An infection if eliminated is expected to control the discharge and symptoms completely in 4 weeks. Analysis of treatment response separately for patients with cervicitis and pelvic inflammatory disease (PID) for cases, where the aetiology was ureaplasma or mycoplasma species, would also be a better practical significance.

The essential result of this study implicates that ureaplasma is the culprit for most cases of infectious cervicitis, suggesting a “change in trend of cervicitis toward the non-gonococcal,

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