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Treatment of pemphigus

Sir,
It was interesting to read the article by Balachandran.[1] I wish to point out certain discrepancies.

1. There are only 25 references mentioned in the reference section while 26 are quoted in the text. The references in the text should have been 6 to 25 instead of 7 to 26.

2. After successful treatment of Reiter's disease with dexamethasone pulse,[2] we started using dexamethasone-cyclophosphamide pulse (DCP) therapy for treating pemphigus since 1982[3] and not since1992 as quoted. Subsequently many more reports were published in different journal.[4-6]

3. The transfusion duration is 1-1.5 hours instead of 3-4 hours. The second phase of therapy is now modified to 9 pulses in place of 6. Similarly the third phase is of 9 months in place of 1 year.

4. Among the side effects quoted, viz. infection leading to septicaemia, I wish to clarify that infection does not lead to septicemia if appropriate antibiotic therapy is instituted prior to or even during the pulse therapy.

5. Most of the reports by Indian workers published in our journal have not been reviewed.

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Response by the author

I appreciate the keen interest shown by Dr. Ramji Gupta in our article 'Treatment of pemphigus'.

1. I agree that there are only 25 references. Reference number 4 in the text should be 3, reference number 5 should be 4 and so on. I regret this error.

2. Regarding the second question, I have not made any such comment in the text.

   I would like to mention that the current dexamethasone-cyclophosphamide pulse regimen is not final and needs modifications. There are now various centers in India using it, but there is no uniformity. With our vast experience in pulse therapy, we should evolve a modified uniform regimen.

3. It is better to give a slow infusion for 3-4 hours, as there is a risk of cardiac toxicity with rapid steroid infusion.

4. We have been following this regimen for many years now. We have had two deaths due to septicemia in phase 1 in spite of the patient being on antibiotics. Hence, infection is an important complication that should be appropriately treated.

The majority of patients respond within 4 pulses in the first stage and require about 6 pulses in the second stage. We also had patients who required about 24 pulses for remission. A few patients also had relapsed during the third phase. But overall this is an acceptable treatment modality.

5. I did not add many Indian references regarding pulse therapy as there were no new messages to convey.

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