formula) among 106 RA patients treated with MTX (0.9%). Bateman and colleagues reported a prevalence of around 2% of Stage 4 kidney disease among a population of 879 RA patients treated with MTX. As a result, the estimation of renal function on a regular basis in patients with RA, and especially in patients receiving MTX, is crucial.

We agree that clinical guidelines should be released on how to manage those patients on MTX regarding the dosage and the specific monitoring.

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Comment on: Sparing of the thumb in Raynaud’s phenomenon

Sir, I read with interest the article by Chikura et al. [1]. In their conclusion, they confirm that the thumbs are spared in patients with RP, both primary and secondary, as demonstrated by both symptoms and thermography. A distal–dorsal difference (DDD) in temperature at 23°C of −1°C or less was considered to be clinically relevant. The DDD of the thumb compared with that of the other fingers was used to establish that outcome.

Thermography as a test exhibits considerable temporal variations in the measured values, which are due to both technical factors and physiological characteristics of the blood flow. It often lacks reproducibility and has a wide inter-observer variability [2].

Although DDD specificity and sensitivity have been examined in other fingers affected with RP [3], we do not have database or previous studies that define a cut-off point or normal value. The study test did not control for finger length, or width being unique characteristics of the other fingers. Also, unexpected symptoms and thermography was confirmed by symptoms reported by patients. 'within-subject'. Including healthy controls, who do not experience Raynaud’s phenomenon, would not have been meaningful.

Digit length or width may well be the explanation for the apparent thumb sparing as discussed, and adjustment for this phenomenon: reply

We thank Dr Binymin for his interest in our article [1]. We fully agree that although useful in the assessment of patients with RP, thermography has its limitations and we too have reported that there are concerns about reproducibility [2]. However, we believe that Dr Binymin’s concern [3] about not including healthy controls in our cross-sectional study examining thumb involvement in patients with RP is unfounded: the reason for not including a control group was because the comparison was within-subject. Including healthy controls, who do not experience RP and who do not demonstrate temperature gradients along their fingers, would not have been meaningful.

Digit length or width may well be the explanation for the apparent thumb sparing as discussed, and adjustment for this would be inappropriate. We used both objective (thermography) and subjective (symptom reporting by patients) measures to assess thumb sparing in patients with RP. Thumb sparing found using thermography was confirmed by symptoms reported by patients.

Disclosure statement: The authors have declared no conflicts of interest.

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Comment on: Sparing of the thumb in Raynaud’s phenomenon: reply

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