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Title: Do we need to screen for latent TB when initiating a methotrexate treatment?

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Body: In rheumatology, the reactivation of pulmonary tuberculosis (TB) is a significant problem, especially in patients treated tumor necrosis factor antagonists. Simultaneously, it is unclear if DMARDs as methotrexate (MTX) could enhance the risk of TB reactivation in rheumatoid arthritis (RA). The aim: To investigate the risk of TB reactivation in RA treated with MTX and low doses of corticosteroids. Methods: The study included patients fulfilling the ACR criteria for RA, treated with MTX 15 mg weekly or MTX plus corticosteroids max 10 mg daily prednisolone equivalent. All subjects were screened for TB antecedents and undergone quantiFERON-TB Gold (QTF) test and chest radiography. The subjects were reevaluated after 12 months for pulmonary TB reactivation. Results: The cohort included 44 patients, mean age 52,04±9,2 (range 29-62) years, female rate 93,2%, mean duration of disease - 9,36 years, activity of RA – mean DAS28 - 3,4 p. From all patients, 31 received MTX and 13 MTX plus corticosteroids (mean dose 6,15 mg). Mean duration of MTX treatment was 5,36 years (mean dose 11,47 mg/week). It was established that 11 patients had positive QTF and 2 patients - nodular lesions, confirmed as pulmonary TB. At reevaluation, 1 subject presenting at the first visit positive QTF and normal chest radiography, treated with MTX 10 mg weekly and 5 mg prednisolone/day, developed bilateral nodular infiltrates and positive BAAR test. Conclusions: The use of MTX in the RA treatment may be a risk factor for TB reactivation in high prevalence populations. It is necessary to screen the patients benefiting from MTX treatment with QTF test and chest radiography.