

## Reply

Sirs,

The thoughtful comments provided by Colina *et al.* (1) and Priori *et al.* (2) are appreciated and emphasise the need for a European Task Force for the study of adult-onset Still's disease (AOSD) where several "hot" subjects should be discussed; namely genetics, biomarkers, diagnostic criteria, prognostic factors and treatment of the disease and its complications.

Colina (1) highlights an important report suggesting that ferritin might be a useful prognostic factor, in combination with other factors: clinical and perhaps genetical.

We do agree that interleukin 1 receptor antagonist anakinra could be actually considered a first line choice in the treatment of AOSD patients, however there are encouraging results with tozilizumab (3-8).

Priori (2) highlights that, although the prognosis of AOSD is good, occasionally there are life threatening complications. In our ex-

perience this complication usually presents because of a delay in diagnosis. Diagnosis of AOSD is a challenge for clinicians and treatment should be implemented as soon as possible to avoid complications.

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