Letters to the Editors

Reply to:
Effusive-constrictive pericarditis successfully treated with anakinra
G. Lazaros *et al*.

Interleukin-1β receptor antagonist and pericardial constriction

Sirs,
We read with great interest the comments to our letter by Lazaros *et al*. (1), describing another case of effusive constrictive pericarditis, successfully treated with anakinra, an interleukin-1β (IL-1β) receptor antagonist, that previously showed a dramatic effect in idiopathic cortico-dependent recurrent acute pericarditis in both children and adults (2, 3).
Constrictive pericarditis may rarely occur after acute pericarditis (4) and in this condition anti-inflammatory therapy is often attempted (5), in fact constriction may be transient in approximately 17% of these cases (6). Particularly when C-reactive protein is elevated, cardiac magnetic resonance imaging shows pericardial late gadolinium enhancement (7) and positron emission tomography displays pericardial uptake. Colchicine, NSAIDs and corticosteroids are generally used, but these drugs may be not tolerated or ineffective. Moreover, water and sodium retention induced by NSAIDs and corticosteroids may worsen the condition (1), and corticosteroids are not indicated if cardiac surgery is a possible short-term option (1). We agree that anakinra is a valuable option in these well selected conditions.
Clinical trials are needed to better define its role, but the rarity of the condition is to be acknowledged.
After obtaining remission, we suggest a very gradual tapering of anakinra (*e.g*. 100 mg/week every month till 300 mg/weekly, and then 100 mg/week every 2–3 months), with concomitant colchicine therapy, to avoid recurrences.

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