LETTER TO THE EDITOR

# Anakinra for the inflammatory complications of chronic granulomatous disease

Dear Editor,

With great interest, we read Seger's review on chronic granulomatous disease (CGD).[1] It is a very up-to-date and clear review. Seger refers to our observation that there is a strongly upregulated production of interleukin-1β in patients with CGD, demonstrating that a deficiency of NADPH-dependent reactive oxygen species leads to increased inflammasome activation.[2] We have taken this observation further in a 39-year-old patient with CGD (p91-phox mutation), who was suffering from perirectal granulomas that were refractory against corticosteroid therapy. We treated the patient with recombinant interleukin-1 receptor antagonist (subcutaneous anakinra, 100 mg daily) for three months with a good response.

In his review, Seger states that anti-TNF drugs may be used in such cases, but only for a short period, because of the infectious hazards. As anakinra is much safer in this respect,[3,4] we would propose to try anakinra first in CGD patients with granulomas. Since anakinra has fewer side effects (pain and inflammation at the injection site due to the preservative) than corticosteroids one might even ask the question whether anakinra should be preferred over the latter drugs.

## REFERENCES

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**F.L. van de Veerdonk[1,2], M.G. Netea[1,2], C.A. Dinarello[2,3], J.W.M. van der Meer[1,2]**
*[1]Department of Medicine, Radboud University Nijmegen Medical Center, and [2]Nijmegen Center for Infections, Inflammation and Immunity, Nijmegen, the Netherlands, [3]Division of Infectious Diseases, University of Colorado Denver, Aurora, United States*

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