

Rituximab effective for lupus-associated cytopenia

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(HealthDay)—Rituximab treatment seems effective for systemic lupus

erythematosus (SLE)-associated immune cytopenias, with an overall initial response rate of 86 percent, according to a study published online Dec. 16 in the *American Journal of Hematology*.

Alexandra Serris, M.D., from the Université Paris-Est Créteil, and colleagues conducted a [retrospective cohort study](#) involving 71 patients aged ≥ 18 years with a definite diagnosis of SLE treated with [rituximab](#) specifically for SLE-associated immune cytopenia.

The researchers found that the median duration of SLE at the time of first rituximab administration was 6.1 years. The reason for using rituximab was [immune thrombocytopenia](#), autoimmune hemolytic anemia, Evans syndrome, and pure red cell aplasia for 44, 16, 10, and one patient, respectively. Patients had a mean of 3.1 ± 1.3 treatments before receiving rituximab, including corticosteroids and hydroxychloroquine (100 and 88.5 percent, respectively). The overall initial response rate to rituximab was 86 percent, with a complete response for 60.5 percent. Of the 61 initial responders, 24 relapsed; rituximab re-treatment was successful for 16 of 18. Three patients had severe infections after rituximab, with no fatal outcomes. There were no cases of rituximab-induced neutropenia.

"In conclusion, rituximab seems effective and relatively safe for treating SLE-associated immune cytopenias," the authors write.

Several authors disclosed financial ties to Roche.

More information: [Abstract](#)
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