

Response to “Osteoporosis in Pemphigus: Steroids Are Not the Only Story”

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To the Editor,

We appreciate the thoughtful comments by the author regarding our recently published study on the impact of glucocorticoids on bone mineral density (BMD) in patients with pemphigus vulgaris (PV). We are grateful for the opportunity to address several important points raised.

We agree that the pro-inflammatory background in PV itself may contribute to bone loss, independent of glucocorticoid use. However, as our study focused on changes in BMD within the same individuals over one year of therapy, each patient essentially served as their own control, allowing us to compare treatment-associated changes. We explicitly acknowledged the role of inflammation in the discussion section and emphasized that PV-specific osteoporosis prophylaxis may require re-evaluation considering multifactorial risk.

We appreciate the suggestion to include autoantibody levels and Pemphigus Disease Area Index scores. Unfortunately, as this was a retrospective study, uniform disease

severity scores were not available in the medical records. In terms of cumulative versus daily doses, in a previous study by Van Staa et al., the risk of corticosteroid-induced fractures was observed to be more closely related to daily dose than to cumulative dose; therefore, daily doses were used to compare treatment effects in patients [1].

We acknowledge the value of tools such as trabecular bone score, vertebral fracture assessment, and FRAX®. However, these assessments were not part of the routine clinical protocol during the study period in our setting. Bone turnover markers such as osteocalcin, collagen type 1 N- and C- terminal telopeptides, and tartrate-resistant alkaline phosphatase are not routinely used or recommended for osteoporosis risk screening; therefore, these markers are not included in this retrospective study [2].

We share the concern regarding confounding variables such as seasonal variation, physical activity, dietary calcium intake, and medication compliance. Due to the retrospective nature of our data collection, detailed documentation of

these factors was unavailable, and we have clearly stated this as a limitation in the manuscript.

In conclusion, we agree that steroids are not the only story in osteoporosis risk among PV patients. Our study aimed to contribute preliminary insights and to prompt further research in this understudied population. We welcome the continued dialogue and collaborative refinement of approaches to optimize bone health in patients with pemphigus vulgaris.

References

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