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Need for accurate and consistent definition of chronic chikungunya arthritis: comment on the article by Chang et al

To the Editor:

We read with interest the report by Chang et al regarding the frequency of chikungunya virus-related arthritis in Colombia (1). Although it was previously commented on by Mogami et al (2), we want to call attention to the patient enrollment process and the definition of acute and chronic chikungunya virus arthritis. Patients were recruited after a health care referral because of suspected chikungunya infection, and cases were considered confirmed if either chikungunya-specific IgM or chikungunya-specific IgG was positive. However, the time at which the blood samples were collected for analysis is not clear, and the inclusion of patients defined as “convalescent” (positive chikungunya-specific IgG) could have led to the enrollment of patients with past chikungunya infection but whose time of onset of infection could not be established.

It is important to note that the definition of chronic chikungunya arthritis requires that articular manifestations such as joint pain, joint stiffness, or joint swelling persist continuously or recurrently for 3 months after acute onset. And other causes of chronic articular pain such as inflammatory rheumatic diseases (rheumatoid arthritis, ankylosing spondyloarthritis, psoriatic arthritis), gout, or osteoarthritis should be ruled out. That being said, the prevalence of chronic joint pain reported by Chang et al (25%) falls within the range observed with the Asian strain of chikungunya (3,4), which suggests consistency in their findings.

Finally, as Mogami et al (2) stated, the degree of chronic joint involvement varies. It does not always indicate arthritis and can signify a wide variety of musculoskeletal disorders. Although a Disease Activity Score in 28 joints (5) could be a tool for guiding treatment, it is limited to the assessment of rheumatic pain or inflammation in a group of joints, restricting its usefulness for the evaluation of the proportion of evolution to the chronic phase. We agree with Chang et al that further investigations of chronic manifestations of chikungunya are required. To this end, appropriate tools for assessment should be developed with consideration of the full clinical spectrum of chronic discomfort and disabilities derived from chikungunya infection, and addressing other factors such as chronic fatigue, mental health issues and health-related quality of life (6).

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Reply

To the Editor:

We thank Drs. Sharma et al and Cardona-Ospina et al for sharing their experience and discussion. One of the