Colchicine in systemic amyloidosis

SIR, We read with interest the report by Scheinberg *et al.*¹ of DMSO and colchicine therapy in amyloid disease. The beneficial effects of colchicine on systemic amyloidosis have been suggested by other investigators.²⁻⁴ We also have investigated the effect of colchicine on patients with primary (five patients), reactive (three patients), and familial Mediterranean fever (FMF) related secondary amyloidosis (eight patients).⁵

At six months, 11 patients out of 16 revealed decreased proteinuria, increased serum albumin level, and overt clinical improvement.⁵ Twenty-four hour creatinine clearances were also increased in some degree. During this six-month period colchicine was found to be more beneficial for the patients with amyloidosis secondary to FMF, though two out of five cases with the primary form have also shown some improvement. However, follow-up of some of these patients to two years showed this beneficial effect of colchicine to be temporary even in FMF related patients. Most of them have shown both clinical and laboratory deterioration during the following months.

Therefore, our experience of long-term colchicine treatment for systemic amyloidosis is rather disappointing, and we suggest that the effect of the drug on amyloidosis needs further evaluation in a long-term and large-scale investigation.

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Clinical radiograph of a female aged 40 showing a rim lesion at the upper anterior corner of L3. There is localised sclerosis with an adjacent annular translucency indicating the presence of a tear (arrowed).

References

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