

## SLE, hydroxychloroquine and no SLE patients with COVID-19: a comment

Inter-relationship between COVID-19 and rheumatic diseases is an interesting topic in clinical rheumatology. We found that article ‘Clinical course of COVID-19 in a series of patients with chronic arthritis treated with immunosuppressive targeted therapies’ is informative. Monti *et al* suggested for ‘avoiding the unjustifiable preventive withdrawal of DMARDs, which could lead to an increased risk of relapses and morbidity from the chronic rheumatological condition’.<sup>1</sup> Whether standard therapy for rheumatic diseases have any effect on clinical course of COVID-19 is an interesting issue. Clinically, co-occurrence between COVID-19 and other medical disorder is an interesting situation. We hereby would like to draw attention to a specific disease that is little mentioned, systemic lupus erythematosus (SLE). SLE is a common immunological disorder that is seen worldwide. There are several thousands of patients with covid-19 worldwide. Nevertheless, there is no case of SLE with COVID-19. In fact, a similar unusual clinical observation is already mentioned on COVID-19 and HIV infection.<sup>1</sup> HIV-infected patients who intake anti-HIV drug might have lower risk to get covid-19 than general population since anti-HIV drug is proven for efficacy against the novel coronavirus.<sup>2</sup> Regarding SLE, hydroxychloroquine is a widely used drug for treatment.<sup>3</sup> Hydroxychloroquine is also reported for efficacy against COVID-19.<sup>4</sup>

Hence, hydroxychloroquine use might be an explanation for no report on SLE patient with COVID-19. This is an example that can support the suggestion of Monti *et al* on medication for rheumatic diseases in the present COVID-19 crisis.

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