



## Authors' response to correspondence entitled "Dapsone in immunoglobulin A-associated vasculitis"

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Dear Editor,

We would like to thank V. Ramelli et al. for their contribution to support the efficiency of dapsone in IgA vasculitis with their references. We also want to add another clinical case (5-year-old girl) from our pediatric department that was treated with dapsone (1 mg/kg/day) for chronic cutaneous lesions with a positive effect after we wrote the cited article. She relapsed once, but after a second course of dapsone, she is now in complete remission. About bullous cutaneous features, we did not include patients presenting with bullous cutaneous

lesions in our study to keep the most homogeneous group possible. There are now a lot of clinical cases suggesting a positive effect of dapsone in the conditions described above. We now need more evidence in a well-designed study as a randomized controlled trial. We suggest that this kind of study be initiated in the near future.

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