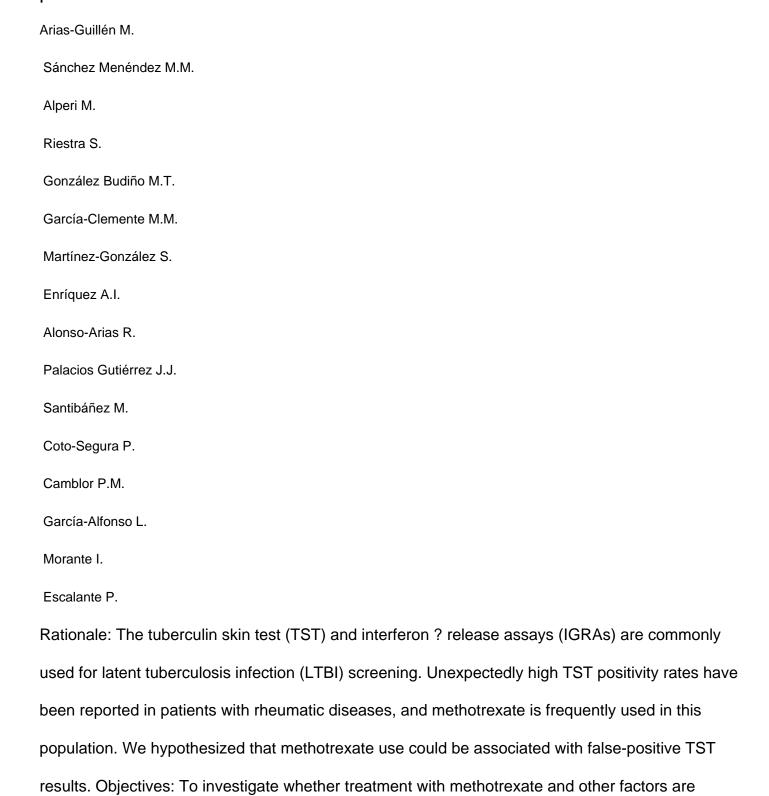
High rates of tuberculin skin test positivity due to methotrexate therapy: False positive results?



associated with false-positive TST results in patients with rheumatic diseases. Methods: Prospective

single-center study conducted between April 2013 and March 2016. Adult patients with rheumatic

diseases were evaluated with a TST and two IGRAs for LTBI screening. We compared TST and

IGRA results in patients treated and not treated with methotrexate and analyzed for factors associated with positive TST results. Conclusions: Our data suggest false-positive TST results associated with methotrexate therapy. Thus, we recommend against using the TST for LTBI screening in patients receiving methotrexate and the preferential use of IGRAs in such patients. Measurements and Main Results: We studied 393 patients with rheumatic diseases, including ankylosing spondylitis (ASP, n = 90), rheumatoid arthritis (RA; n = 120), psoriatic arthritis (PA, n = 126), and other disorders (n = 57). The rate of TST positivity varied across the groups: ASP 22.2%, RA 25%, PA 35.7%, and other disorders (22.8%). Positivity rates were lower with IGRAs. Methotrexate use was associated with a statistically significant two-fold increase in the risk of a positive TST and a dose\x96 response relationship was observed. We found no statistically significant associations between methotrexate use and IGRA test positivity. © 2018 Elsevier Inc.

interferon? release assays

latent tuberculosis infection

methotrexate

rheumatic disease

Tuberculin Skin Test

biological product

corticosteroid derivative

disease modifying antirheumatic drug

leflunomide

methotrexate

methotrexate

adult

aged

ankylosing spondylitis

Article



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