Comorbidity and long-term outcome in patients with congenital heart block and their siblings exposed to Ro/SSA autoantibodies in utero

We read with great interest the article 'Comorbidity and Long-Term Outcome in Patients with Congenital Heart Block and Their Siblings Exposed to Ro/SSA Autoantibodies In Utero' by Mofors *et al*.[1] A large and long-term follow-up population consisting of patients with congenital heart block (CHB) as a result of in utero Ro/SSA autoantibody exposure were studied. It contributes valuable information to our knowledge; however, some aspects need to be clarified and discussed.

First, there was no information related to treatment during the in utero period. Treatment modalities such as hydroxychloroquine, intravenous immunoglobulin (IVIG) and fluorinated steroids have promising results for preventing CHB and myopathy in these patients.[2–4] Especially, the combination of fluorinated steroids with IVIG improved the condition of patients with neonatal lupus-associated cardiomyopathy.[2 5] Whether patients were screened and given treatment during the pregnancy period is not stated in the study. With regard to the long follow-up period, it must be considered that these treatment modalities were not available during this period. However, it may have been the reason for some patients having cardiomyopathy on follow-up.

Second, at the beginning of the study, patients with CHB were included, but on follow-up, 97% of the patients had an International Classification of Diseases (ICD) code consistent with CHB diagnosis. The difference can be explained by ICD9-10 conversion. We would like to know if there is any headling patient, so such a difference has emerged.

We appreciate the work of Mofors *et al* to highlight the prognosis of this rare condition. We believe that this comprehensive study will help us understand better the potential risk of CHB and manage these patient groups.

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