

COLCHICINE FOR FAMILIAL MEDITERRANEAN FEVER

To the Editor: Five patients with well established familial Mediterranean fever have been placed on chronic therapy with colchicine, 1 to 3 tablets per day. All of them had prior severe disabling attacks occurring at intervals ranging from every six to 10 days to every six weeks (Table 1). Depression and work-absenteeism characterized their lives. Numerous therapeutic modalities had been unsuccessful.

After they had been on daily colchicine, only four full-blown attacks were noted in 127 patient months of treatment. Two of these occurred shortly after colchicine was temporarily discontinued. A

Table 1. Clinical Features and Response to Colchicine Therapy of Five Patients with Familial Mediterranean Fever.

FEATURE	CASE No.				
	1	2	3	4	5
Age (yr)	42	26	47	43	27
Sex	M	F	F	M	M
Ancestry	Hebrew	Hebrew	Syrian	Hebrew	Hebrew
Duration of illness (yr)	27	20	41	20	4
Serum uric acid (mg/dl)	6.1-7.1	4.0	3.1	8.2	6.4
Attack frequency before colchicine	3-4 wk	4 wk	4 wk	6-10 days	6 wk
Duration of colchicine therapy (mo)	54	27	20	16	10
No. of attacks after colchicine instituted	1*	2	0	0	1*

*Attack occurred shortly after patient discontinued colchicine.

noteworthy improvement in life style was reported by each patient in euphoric terms. No adverse effects were encountered.

Evidence cited by Malawista¹ and Wallace² strongly suggests that in gout, colchicine acts by interfering with the phagocytic role of polymorphonuclear leukocytes exposed to microcrystals of sodium urate. It is intriguing that effusions from patients with familial Mediterranean fever have been observed to contain polymorphonuclear leukocytes showing marked phagocytic activity and spherical inclusion bodies interpreted as consisting of triglycerides.³ Interference with phagocytosis in both diseases might break a cycle of inflammation at its early inception, with resultant protection from clinical sequelae.

The beneficial effect of colchicine reported in this group of five patients with familial Mediterranean fever must be interpreted with caution. Observers have noted the viscissitudinous course of this illness, and a full appreciation of the role of colchicine in its treatment will require a double-blind study of a large number of patients. Until this can be accomplished, however, the use of oral colchicine in low dosage seems sufficiently benign to be warranted as a therapeutic trial in other patients with disabling attacks of familial Mediterranean fever.

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3. Sohar E, Gafni J, Pras M, et al: Familial Mediterranean fever. *Am J Med* 43:227-253, 1967