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Isolated Recurrent Pleuritis Revealing Familial Mediterranean Fever in Adulthood

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We thank Dr. Cantarini et al. for their comments concerning our case report. We agree with these authors that the recognition of FMF and TRAPS as aetiologies of recurrent pleural effusion is a significant progress in this field. However, it should be noted that recurrent pleural effusions are still a clinical dilemma for chest physicians and internists. Indeed, contrary to recurrent pericardial effusions [1, 2], this area is marked by the paucity of published data. Beyond research in autoinflammatory diseases,

we advocate multicentric cohort studies to describe the aetiologies, natural history, clinical manifestations, prognosis and treatment of recurrent pleural effusion, and to help physicians resolve this medical challenge.

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