

The Reply



The reminder by Dr Romes and colleagues that eosinophilic fasciitis¹ can sometimes be drug-induced, especially the reported association with checkpoint inhibitors, is timely and important. I totally concur with their conclusion, namely that “When diagnosing . . . a thorough history and medication reconciliation is crucial.” My only comment is that this had better be viewed in a broader context.

Iatrogenic causes were responsible for at least 19% of 2000 consecutive admissions studied, as well as 10.9%-19.5% of intensive care unit admissions.^{2,3} Adverse drug events constitute a predominant cause of serious iatrogenic harm, and are often preventable. Primary care settings are no different, with a pooled prevalence of 8.32% (95% confidence interval 7.82-8.83) of adverse drug reactions among a population of 1,568,164 included in 33 studies.⁴ Moreover, in an era of addictive technology,⁵ when patients are often subjected to sophisticated imaging before proper history-taking and examination, clinicians may need to be reminded of the enduring irreplaceable value of the basic clinical tools, first and foremost a careful history and drug history.⁶

Ami Schattner, MD

Faculty of Medicine, Hebrew University and Hadassah Medical School, Jerusalem, Israel

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Requests for reprints should be addressed to Ami Schattner, MD, Professor of Medicine, Hebrew University-Hadassah Medical School, Jerusalem, Israel.

E-mail address: amischatt@gmail.com