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Received September 17, 1987.

L. Halkier-Sørensen, Department of Dermato-Venereology, Marselisborg Hospital, DK-8000 Århus C, Denmark.

Single-point MTX Erythrocyte Levels in Relation to Progressive Liver Fibrosis

Zachariae et al. (1) present their work on single-point MTX erythrocyte levels in relation to progressive liver fibrosis as if it were a clinical testing of a procedure proposed by us in a paper on the same issue (2). This is not so. We proposed the "clinical studies should be performed where erythrocyte folate and erythrocyte MTX are *monitored serially during treatment* and where some of the patients actually develop liver fibrosis" (2). Steady-state MTX erythrocyte concentrations show an extremely wide interindividual and a low intraindividual variation (3, 4). Consequently only changes in individual steady-states during treatment can be expected to render warning or alarm values. Single-point measurements cannot be expected to reveal a critical erythrocyte MTX concentration. As its best, they will show a significantly higher MTX concentration in the combined *group of patients* with progressive hepatic changes. Which is exactly—and predictably—what has been found by Zachariae et al.

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Received October 26, 1987

Jørn Hendel, Department of Clinical Chemistry, Frederiksberg Hospital, Copenhagen, Denmark and Allan Nyfors, Department of Dermatology, Haukelands Sykehus, Bergen, Norway.