increases in CRP levels were found in patients with severe infections during tocilizumab treatment [3]. In the present case, tocilizumab treatment may have delayed the onset of the clinical manifestations of the infection, and the delay in the appearance of clinical symptoms may have led to the multifocal nature of the infection. However, early diagnosis and operative treatment might be the key to controlling infected TJAs without removing the implants.

Rheumatology key message

- The delayed appearance of symptoms of clinical infection may have led to the multifocal nature of the infection following tocilizumab therapy of this RA patient.

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suggest that resolution of the histological lesions of LN is a slow process. We can speculate that persistent lesions after 6 months of treatment may be seen without ongoing systemic immune injury. Consequently we believe that caution is advised in the use and interpretation of early control biopsies following initial therapy for LN.

Rheumatology key message

- Immune deposits persist for several months in lupus nephritis even in the absence of active disease.

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