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in the present study, the rate of mrsa infection was higher in patients who received fremanezumab compared with patients who received placebo. however, a significant difference between the two groups was observed only in the subgroup of patients with a history of mrsa infection. mrsa was less prevalent in fremanezumab-treated patients in the subgroup of patients with a history of mrsa infection compared with placebo-treated patients. therefore, patients with a history of mrsa infections may benefit from the use of fremanezumab. further studies in patients with mrsa infections are needed to define how long patients with this infection can benefit from treatment with fremanezumab. similarly, further studies are warranted to determine how long patient with a history of mrsa infection should receive treatment with fremanezumab. limitations of this study include its open-label nature and a lack of blinding of the investigators to treatment assignment. in addition, the current study was restricted to the treatment of dle with fremanezumab. however, this real-world cohort study had a robust sample size and sufficient follow-up duration to provide important real-world insights. to our knowledge, this is the first randomized, double-blind, placebo-controlled study of fremanezumab in patients with dle in the u.s. therefore, the present study results are highly generalizable to the u. population. clinical research in dermatological conditions has been hindered by the lack of high-quality evidence from randomised controlled trials [21]. well designed and conducted clinical studies are fundamental for evidence-based dermatological practice. a standardized and validated quality assessment tool was developed and utilized to systematically evaluate the methodological quality of the clinical trial. the nma provides valuable information to determine whether the variables of interest in the reviewed studies are similar and if there is consistency in the literature when comparing them with other interventions. the nma may potentially contribute to the development of evidence-based guidelines to assist clinicians and patients in making informed decisions regarding the management of dle. the present study had strengths in terms of the comprehensiveness of search strategy and the number of studies identified and analyzed. however, the present study has some limitations, including a limited number of included studies, heterogeneity in the design of the studies, small sample sizes, lack of blinding, and the use of variable control groups. use of a risk of bias tool to assess the risk of bias of the included studies was not conducted in the present study. this approach is recommended for systematic review and does not depend on the number of included studies [22]. 5ec8ef588b

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