I read with interest the paper of Ben-Yehuda et al. entitled ‘Clinical and therapeutic experience in 712 Israeli patients with idiopathic thrombocytopenic purpura’ in a recent issue of this journal [1994;91:1-6].

The authors stated that ‘ITP was only rarely (in less than 2% of the cases) associated with other autoimmune diseases’. I would like to clarify the definition of ITP by emphasizing that every ITP is an autoimmune disorder but not every autoimmune thrombocytopenia is ITP. Therefore, for the diagnosis of ITP in a patient with thrombocytopenia, Coombs, lupus erythematosus (LE) tests, antinuclear antibodies, bone marrow infiltration and hypoplasia, drug ingestion, beta-hemolytic streptococci infection, DIC and TTP should be negative or excluded and antiplatelet antibodies should be shown [1]. By definition, some of the authors’ patients had immune thrombocytopenia but not ITP, since Coombs’ positive hemolytic anemia cases and patients with SLE, etc., were also included.

The authors used steroid therapy (1-2 mg/kg/day) for a month or longer (up to 1 year) in their patients. We have shown in a comparative study that 2 mg/kg/day of prednisolone for 2 weeks is not effective and may even delay the spontaneous remission. However, megadose methylprednisolone (MDMP) treatment is effective in ITP [2-4].

To my surprise, the authors did not mention MDMP treatment among the treatment modalities although this was mentioned as a first choice for the treatment of ITP in Mahnoharan’s editorial which was cited by the authors [ref. 26]. It has to be emphasized that MDMP is used for a week (daily, 30 mg/kg for 3 days and 20 mg/kg for 4 days) in acute ITP and for 2 weeks (daily 30 mg/kg then 20 mg/kg for 1 week each) in chronic ITP cases (each dose given once daily orally before 9 a.m.). I would like to emphasize that in our experience the relapse rate is much lower with MDMP treatment (about 10%) [4] than in the references cited by the authors which was about 70% [5]. We believe that MDMP should also be used before splenectomy in every chronic ITP case.

References