Megadose Methylprednisolone for Idiopathic Thrombocytopenic Purpura

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I have read with interest Barrios et al.'s paper on the 'Treatment of Acute Idiopathic Thrombocytopenic Purpura with High-Dose Methylprednisolone and Immuno-globulin' in a recent issue of the journal [1993;89:6-9]. The authors concluded that 'the combined therapy resulted in rapid increments in the platelet counts of all patients within the 24-hour period'. Although we did not evaluate platelet counts hourly, several of our responder patients with acute, as well as chronic idiopathic thrombocytopenic purpura (ITP), responded to megadose methylprednisolone (MDMP; daily 30 mg/kg for 3 days followed by 20 mg/kg for 4 days, for acute cases; each dose being used for 1 week in chronic cases, administered orally or intravenously within 2-10 min if the i.v. route was used, before 9 a.m.) the next day and platelet counts rose over 150,000 μ l in some of them [1]. These cases were not evaluated separately in our studies since elevation of platelet counts may also be observed spontaneously in ITP. Therefore, in our comparative studies the increase of platelet counts over 150,000 μ l was evaluated [1,2]. I do not believe that the authors' results would indicate that the combined therapy was superior to MDMP alone, without a comparative study. Furthermore, we compared the results of our MDMP therapy with i.v. IgG (0.4 mg/kg for 5 days) in consecutive acute ITP cases and the response rate was not found different [2]. MDMP treatment is at least 150 times cheaper than i.v. IgG administration and in addition, side effects of IgG administration, which should be taken into consideration [3], do not occur with MDMP, when used as described by us. The authors stated that MDMP 'likewise has been efficacious in increasing platelet counts in patients with ITP refractory to usual doses of prednisone'. Our results do not support it, as we found that usual doses of prednisone may delay the spontaneous platelet recovery in acute ITP cases. Therefore, we concluded that if treatment in ITP is indicated, MDMP should be used but not the conventional dose of prednisone [1]. As for the effect of MDMP, I would like to add to the authors' explanation that it also decreases platelet antibodies [1] and increases markedly GM-CSF level, which might have an additional effect on the elevation of platelet count [4]. At least one of the 11 patients described by Barrios et al. was 4 months of age, which supports our finding that acute ITP is not very rare under 6 month of age [5].

References

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