A case of myelofibrosis in association with systemic lupus erythematosus was recently presented by Inoue et al. in this Journal [1]. Myelofibrosis was corrected by using high-dose methylprednisolone (1,000 mg/day). On this occasion, I would like to remind that high-dose methylprednisolone (30 mg/kg/day for 3 days, 20 mg/kg/day for 4 days) and, subsequently, 10, 5, 2 and 1 mg/kg for 1 week each; each dose given within 2-10 min before 9 a.m. was used successfully by us for the first time in the treatment of myelofibrosis in children as well as adults [2-5]. I would like to add that 3 of 4 children are alive and well 6, 3 and 2 years after discontinuation of the treatment. One died from non-haematologic causes. One of the adult patients died from myocardial infarction but a 35-year-old woman has been free of disease for more than 3 years.

Since 5-10 mg/kg methylprednisolone has been called a high dose, we prefer to use the term ‘megadose’ for the dose suggested by us [6].

References