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High-Dose Intravenous Methylprednisolone for Thrombotic Thrombocytopenic Purpura

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I have read with interest the article by Staszewski et al. [1] entitled 'Thrombotic Thrombocytopenic Purpura: Report of a Case with Possible Response to High-Dose Intravenous Gammaglobulin' in the recent issue of the journal.

Improvement of the patient was related to the intravenous administration of gamma globulin, but she was also given intravenous Solu-Medrol (80 mg) followed by 80 mg/day prednisolone.

A 60-year-old woman with marked microangio-pathic hemolytic anemia, thrombocytopenia and severe neurological findings of thrombotic thrombocytopenic purpura was treated solely with intravenous high-dose methylprednisolone (daily 30 mg/kg for 3 days, 20 mg/kg for 4 days, then subsequently 10, 5, 2 mg/kg for a week each; each dose given in 2-5 min). She did not require any further blood transfusion and gradual improvement of her general condition within a month was seen [2]. She has been off the treatment longer than 30 months. Since Solu-Medrol, which was used for the authors' patient, is a methylprednisolone I wonder about its effect on this patient.

References

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