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High-Dose Methylprednisolone for Chronic Idiopathic Thrombocytopenic Purpura

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I have read with interest the article by Mazzucconi et al. [1] entitled 'Danazol Therapy in Refractory Chronic Immune Thrombocytopenic Purpura' in the recent issue of the journal. I would like to bring to the authors' attention that marked improvement of platelet counts (37.9% sustained, and 44.8% nonpersistent) has been obtained by using high-dose intravenous methylprednisolone (daily 30 mg/kg for 3 days, 20 mg/kg for 4 days, then subsequently 10, 5, 2, and 1 mg/kg, a week each) in childhood chronic idiopathic thrombocytopenic purpura (ITP) with marked bleeding tendency [2, 3]. Although we have used this treatment successfully in several hemato-logic conditions [4–10] in children in addition to young adults we have not had a chance to use it in adult chronic ITP cases.

Since with the exception of cushingoid appearance the side effects of corticosteroids such as hypertension, hyperglycemia, glycosuria, corneal opacities have not been observed in our patients (when the dose was given in 2–5 min) I would urge the authors to try it in their patients with chronic ITP. Biological substances, such as γ -globulin, are potentially dangerous [11, 12], therefore before their usage I believe high-dose intravenous corticosteroid should be used if treatment of ITP is required.

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