I have read with interest the article by Ruocco et al. [1] entitled ‘Severe Pancytopenia due to Copper Deficiency’ in Acta haematologica. Copper deficiency is seen relatively more often in infants, in addition to other conditions described in the introduction of the authors’ article [2]. In infants hypocupremia usually goes together with hypoferremia, hypoproteinemia (hypoalbuminemia), osteoporosis, long bone changes, hypotonia, depigmentation of the skin and hair [3, 4]. Familial benign copper deficiency has also been reported [5]. In the authors’ patient normal serum iron level was found to be decreased following copper sulfate treatment. This does not fit the theory of decreased iron mobilization from liver and the reticuloendothelial system because of low ceruloplasmin level in copper deficiency.

In the introduction of the article Wilson’s disease was mentioned among the genetic abnormalities causing copper deficiency. I believe the authors meant hypocupremia which may be observed in Wilson’s disease; we have shown that serum copper level usually does not reflect tissue copper concentrations [6].

References