Correspondence

Accepted: July 24, 1987

Acta haemat. 1988;79:114-115

Treatment of Aplastic Anemia

Ş.	Şinasi	Özsoylu
----	--------	---------

Ankara

Prof. Şinasi Özsoylu, Department of Pediatrics, Hematology Unit, Faculty of Medicine, Hacettepe University, Ankara 06100 (Turkey)

I have read with interest the article by Doménech et al. [1] entitled 'Severe Aplastic Anemia following Hepatitis A'. Since no HLA-compatible donor was available, this 3-year-old boy was treated with oxy-metholone, antithymocyte globulin and methylpred-nisolone (1 mg/kg/day) without hematologic recovery.

By using intravenous high-dose methylprednisolone (daily, 30 mg/kg for 3 days, 20 mg/kg for 4 days, then subsequently 10, 5, 2 mg/kg each a week, followed by 1 mg/kg till hemoglobin level reaches 12 g/ dl) 3 of our 4 patients with aplastic anemia following hepatitis (HBV infection) recovered completely [2], which is better than expected [3]. The patient described by the authors was given methylprednisolone in very low doses to our criteria.

We believe that if bone marrow transplantation can not be carried out every patient with aplastic anemia should receive high-dose intravenous methylprednisolone, since with the exception of cushingoid appearance and osteoporosis, side effects such as hypertension, hyperglycemia, glucosuria, corneal opacities are not observed in our patients when each dose is given within 2–5 min.

References

Doménech, P.; Palomeque, A.; Martinez-Gutierrez, A.; Viñolas, N.; Vela, E.; Jimenez, R.:

Severe aplastic anemia following hepatitis A. Acta Haemat. 76: 227–229(1986).

Özsoylu, Ş.; Coşkun, T.; Minassezzi, S.: High dose intravenous glucocorticoid in treatment of childhood acquired aplastic anemia. Scand. J. Haematol. 33: 309–315 (1984).