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 methylprednisolone (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