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Accepted: October 27, 1987

Acta haemat. 1988;79:227

Danazol in Idiopathic Sideroblastic Anemia

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We read with interest the article by Doll et al. [2] informing that danazol is unsuccessful in patients with idiopathic sideroblastic anemia (ISA) because no response was evident. We agree with this observation, as we recently performed a clinical study in patients with myelodysplastic syndromes: danazol 600 mg daily p.o. was administered for a minimum of 3 months. We observed a good response in 10 patients with refractory anemia and in 6 with refractory anemia with blast excess (increased in hemoglobin to normal level, no red blood cell support and platelet count more than $100 \times 10^9/l$). However, in the subset of patients with ISA (2 male, 4 female) no response was evident after 3 months of treatment.

Also, we did not observe a response when patients with ISA had received other therapeutic treatments, such as retinoic acid, 1,25-hydroxvitamin D₃, low-dose cytosine arabinoside and pyridoxine [unpublished results].

Although ISA had been considered as a myelodysplastic syndrome, its clinical course is different, with no response to conventional therapy for myelodysplastic syndromes, low incidence of transformation to

acute leukemia [1] and long-term survival. We felt that ISA could be considered as different from other myelodysplastic syndromes and protocols of treatment may be different for patients with ISA. More clinical results with other therapeutic approaches are necessary.

References

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