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Acquired Pure Red Cell Aplasia Associated with Thyroid Carcinoma: Case Report

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To the Editor,

We would like to draw the attention of your readers to the following case report. A 64-year-old woman was referred to our hospital with a 2-year history of weakness. On admission she was pale without any other relevant findings at physical examination. Haemoglobin was 7.3 g/dl, platelets $160 \times 10^9/l$, and WBC $9.4 \times 10^9/l$ with a normal differential count. Reticulocyte count was 0.5%. Bone marrow smears showed an almost complete absence of erythroblasts with normal myelopoiesis and megakaryopoiesis. All other routinary biochemical tests were normal with the exception of ESR which was increased. A diagnosis of pure red cell aplasia (PRCA) was made and the patient received repeated blood transfusions. Mediastinal tomograms performed to search for a thymoma revealed a mild mediastinal enlargement; the patient underwent mediastinoscopy and a biopsy was performed. The histological examination revealed a lymph nodal metastasis from the medullary carcinoma of the thyroid. This diagnosis was confirmed on the thyroid gland which was almost completely involved by the tumor when a hemithyroidectomy was carried out. Repeated blood counts and bone marrow examinations, following surgery, confirmed the diagnosis of PRCA and no improvement was observed. Blood transfusion requirement was unchanged and the patient died at home 7 months later of unknown cause.

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Acquired PRCA is associated in about 50% of cases with a thymoma [2] and, less frequently, with a variety of other neoplasia, including leukaemia and malignant lymphoma [1, 5]. Only few cases of PRCA have been described in association with epithelial neoplasms. Mitchell et al. [4] reviewed 6 cases from the literature and added another case. More recently, 2 other cases were described and associated with bile duct adenocarcinoma [3] and breast cancer [6]. Our case represents the first report of the association of PRCA with a carcinoma of the thyroid.

In our patient, as well as in most of the other described cases, PRCA represented the first sign of a silent neoplasia. For this reason, patients with acquired PRCA must be investigated not only for the presence of a thymoma but also, when this is excluded, for other underlying neoplasia.

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Isosorbide Dinitrate-Induced Hemolysis in G6PD-Deficient Subjects

To the Editor,

Isosorbide dinitrate has not been reported yet to provoke hemolytic episodes in G6PD-deficient subjects. 2 such patients are presently described.

Case Reports

Case 1: A 61-year-old Jew born in Iraq was admitted to our department because of ascending angina pectoris. On admission the hemoglobin concentration was 15.6 g/dl and all routine biochemical blood examinations were within normal limits. Several hours later he developed an acute myocardial infarction and was transferred to the intensive coronary care unit. The medication given there consisted of isosorbide dinitrate 10 mg thrice daily, as well as sub-lingual tablets (5 mg) of the same agent. On the third hospitalization day, low-grade fever (up to 38°C) ap-