

HIGH-DOSE INTRAVENOUS METHYLPREDNISOLONE TREATMENT IN HEMATOLOGIC DISORDERS

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High dose intravenous methylprednisolone (HIVMP) (initial dose 30-100 mg/kg/d for 3 days, followed by progressive halving of the dose every 3 to 7 days with continuation of 1 mg/kg/d until hemoglobin reaches 12 g/dl) has been used successfully in the treatment of acquired aplastic anemia (1,2). It has also been used with great success for the treatment of refractory or resistant cases of Diamond-Blackfan syndrome (3,4) chronic childhood (5,6) and adult myelofibrosis (6), paroxysmal nocturnal hemoglobinuria (7), immune hemolytic anemia unresponsive to conventional corticosteroid treatment, recessive form of juvenile osteopetrosis (8), childhood chronic idiopathic thrombocytopenic purpura (9,10), not responding to the other forms of treatment, acute idiopathic thrombocytopenic purpura (11), a case of thrombotic thrombocytopenic purpura (12), in an adult with chronic myeloid leukemia (14), in an infant with Kassabach-Merrit syndrome (13) and in patients with Evans syndrome. Most recently very promising results are obtained in treatment of childhood acute nonlymphocytic leukemia cases (15).

Because of our excellent results with HIVMP treatment, through mostly in children, we believe that this treatment should be tried in these hematologic conditions more widely. We would like to stress that with the exception of Cushingoid appearance and osteoporosis (when is used more than a year) side effects of corticosteroids such as hypertension, hyperglycemia, glucosuria, corneal opacities were not observed in any of our patients.

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