Reply to the Authors

Dear Editor,

We would like to thank Gözdaşoğlu [1] for showing interest in our report of adult Kasabach-Merritt syndrome (KMS) [2]. Being adult hematologists, we should admit that we have limited experience with treatment of KMS, which by and large affects infants and young children. We do not have personal experience with interferon-alpha and have not studied the efficacy of different corticosteroids in different doses and combination of prednisolone with interferon-alfa for treatment of KMS. In this regard, we thank Gözdaşoğlu [1] for sharing her personal experience (effectiveness of prednisolone + interferon-alfa 2a combination therapy) with treatment of infantile hemangiomas and also for highlighting on reports of usefulness of high dose methylprednisolone [3] and anti-VEGF (bevacizumab) therapy for treatment of hemangiomas and KMS. Clinical trials evaluating different therapies would be desirable in the future to clarify on optimal treatment of KMS.

Best Regards,

Kolar Vishwanath Vinod, Joseph Johny, Mehalingam Vadivelan, Abdoul Hamide

References

1. Gözdaşoğlu S. Kasabach-Merritt Syndrome in an Adult: A Comment. Turk J Hematol 2019;36:52.
2. Vinod KV, Johny J, Vadivelan M, Hamide A. Kasabach-Merritt Syndrome in an adult. Turk J Hematol 2018;35:204-205.
3. Uysal KM, Olgun N, Erbay A, Sarıolioğlu F. High-dose oral methylprednisolone therapy in childhood hemangiomas. Pediatr Hematol Oncol 2001;18:335-341.

Bendamustine and Rituximab Treatment, Chronic Lymphocytic Leukemia, Direct Antiglobulin Test, and False Negatives

Bendamustin ve Rituksimab Tedavisi, Kronik Lenfositik Lösemi, Direkt Antiglobulin Test ve Yanlış Negatiflik

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To the Editor,

We read "Early Direct Antiglobulin Test Negativity After Bendamustine and Rituximab Treatment in Chronic Lymphocytic Leukemia: Two Cases" [1]. Eren and Suyanı noted that "BR seems to be an important treatment of choice in terms of eliminating the poor prognostic factor of direct antiglobulin test (DAT) positivity and assuring safe cessation of steroid treatment due to rapid achievement of DAT negativity" [1]. The interesting observation of a negative DAT test should be discussed. There is another possibility that Eren and Suyanı did not mention. In their report, Eren and Suyanı noted that no titer was provided [1]. Whether the negative result is a false negative result should be discussed. For DAT testing, the prozone phenomenon is observable and it is important to consider this phenomenon in the interpretation of unexpected false negative DAT tests [2,3,4].

Keywords: Bendamustine, Rituximab, Leukemia, Direct antiglobulin test, False negatives

Anahtar Sözcükler: Bendamustin, Rituksimab, Lösemi, Direkt antiglobulin testi, Yanlış negatiflik

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References

1. Eren R, Suyanı E. Early direct antiglobulin test negativity after bendamustine and rituximab treatment in chronic lymphocytic leukemia: two cases. Turk J Hematol 2018;35:312-313.
2. Hubinont PO. The prozone phenomenon in haemagglutination reactions; with special reference to the quantitative antiglobulin test. Br Med J 1951;2:708-711.
3. Salama A, Mueller-Eckhardt C. Elimination of the prozone effect in the antiglobulin reaction by a simple modification. Vox Sang 1982;42:157-159.
4. Ceppellini R. Causes of error in interpretation of direct Coombs' test; false negative reaction due to prozone and false positive reaction due to cold autoantibodies. Sangue 1951;24:158-159.

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Reply to the Authors

Dear Editor,

In their comments, Won Sriwijitalai and Viroj Wiwanitkit pointed out that the possibility of false negative direct antiglobulin test (DAT) was not denoted in our paper in which we shared our experience about the achievement of early DAT negativity in patients receiving bendamustine and rituximab treatment for chronic lymphocytic leukemia [1,2]. Along with the prozone phenomenon that the authors mentioned, there are other causes of a false negative DAT, including poor washing technique, improper agitation of specimen during reaction strength determination, failure to add or delayed addition of antihuman globulin reagent, inactive antihuman globulin reagent, inappropriately concentrated red blood cell suspension, and delay in testing (3). However, we used an automated gel centrifugation method sytem to detect DAT which ensured quite accurate results. Also, the reported patients had normal hemoglobin, haptoglobulin, LDH, and indirect bilirubin levels during DAT negativity, suggesting that the existence of a high titer of antibody, the reason of prozone affect, was unfeasible. Additionally, sustained DAT negativity during follow-up led to the consideration that DAT negativity was accurate and false negative DAT was unlikely.

Best Regards,

Rafet Eren, Elif Suyanı

References

1. Eren R, Suyanı E. Early direct antiglobulin test negativity after bendamustine and rituximab treatment in chronic lymphocytic leukemia: two cases. Turk J Hematol 2018;35:312-313.
2. Sriwijitalai W, Wiwanitkit V. Bendamustine and rituximab treatment, chronic lymphocytic leukemia, direct antiglobulin test, and false negatives. Turk J Hematol 2019;36:53-54.
3. Zantek ND, Koepsell SA, Tharp DR Jr, Cohn CS. The direct antiglobulin test: a critical step in the evaluation of hemolysis. Am J Hematol 2012;87:707-709.