Letter to the Editor

Therapeutic Trial of Cobalamin in Patients with Normal Serum Cobalamin Levels and Predicted Cobalamin Deficiency

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To the Editor,

We have read with interest the paper of Kartı et al about the therapeutic trial of cobalamin in patients with normal serum cobalamin levels and predicted cobalamin deficiency. The authors call our attention to a well-known problem in routine practice of haematology, but their approach requires some comment.

The therapeutic trial of cobalamin in patients with suggestive findings of megaloblastic anaemia is an acceptable, cost-effective way of diagnosis. But, as the authors have already discussed in their paper, cobalamin deficiency may solely present with neurologic symptoms. Especially in western countries, the haematological features of vitamin B12 deficiency are usually masked due to the folate fortification of the diet and/or high consumption of folate rich multivitamins. Some coexisting conditions associated with microcytosis like iron deficiency, thalassemia minor might also complicate the diagnosis of pernicious anaemia. Consequently, in patients who only display neurologic symptoms, the therapeutic cobalamin trial may lead to misdiagnosis since the recovery of neurologic symptoms after cobalamin replacement is usually partial and occurs late in time. We therefore strictly recommend the use of markers like homocysteine and methlymalonic acid in suspected cases of cobalamin deficiency, especially if the haematological features are subtle. Otherwise permanent neurologic sequelas may ensue.

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