

Letter to the Editor: Acyclovir as Treatment for Aplastic Anemia

Gomez-Almaguer et al. [1] have recently reported eight patients with idiopathic severe aplastic anemia who received acyclovir as the initial treatment. Causal factors are difficult to define in acquired aplastic anemia. When no related factors are reported, the cases are classified as "idiopathic." Infections may cause aplastic anemia, too. Infectious mononucleosis and viral hepatitis are the most important causes of severe form of aplastic anemia [2,3]. Because there were insufficient details and documentation of the patients in this article, we could not explain the results.

Acyclovir is a very safe antiviral agent, and it has no hematological side effects usually, but not always. We observed [4] a transient erythroblastopenia and leukopenia in 9-year-old female patient with severe herpes zoster who was treated with acyclovir (15 mg/kg/day) in three divided doses for 4 days, administered intravenously. The patient had no hematologic or oncologic disorders. In this first report of the acyclovir literature, transient erythroblastopenia and leukopenia began during the third day of therapy. On the fourth day of therapy, hemoglobin, red blood cell, hematocrit, and leukocyte were observed to be at their minimal levels: 9 g/dl, 3 million

RBC/mm³, 28%, and 2,600 WBC /mm³, respectively. A reduction of erythroid progenitors in the bone marrow also was seen. After discontinuation of therapy (after 5 days), hematologic values and bone marrow morphological parameters recovered without therapy.

I conclude that when using acyclovir, especially in aplastic anemia, it is important to be careful.

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