Letter to the Editor: Intravenous High Dose Methylprednisolone for Thrombotic Thrombocytopenic Purpura

A recent article of Jokela et al. [1] gives me an opportunity to mention our successful result in the treatment of a patient with thrombotic thrombocytic purpura with intravenous high dose methylprednisolone administration.

On January 17, 1986, I was consulted regarding a 60-year-old woman, admitted to the neurology department of another hospital 3 weeks previously because of fatigue, hypotonia, headaches, slurred speech, myalgia, anorexia, paleness, ecchymoses, and petechiae all over her body. She had had severe hemolytic anemia and thrombocytopenia, for which she was given several transfusions. She was hypotonic, unconscious, pale, and was bleeding from nose, mouth, urine, and needle sites.

Because of her severe hemolytic anemia, thrombocytopenia, and desperate condition, she was on intravenous high dose methylprednisolone (daily, 30 mg/kg for 3 days, 20 mg/kg for 4 days, then subsequently 10, 5, 2 mg/kg for a week each; dose given in 2–5 minutes). Her platelet count became normal $(174,000/\mu l)$ in 4 days. She did not require any further blood transfusion with gradual improvement of her general and neurologic conditions within a month. She has been off the treatment longer than 16 months.

The authors' patient also received high dose intravenous hydrocortisone (250 mg qid) with plasma exchange therapy. Despite the fact that the patient had HIV infection, he did not show any untoward response to steroid.

Our patient's hematologic response was abrupt, but improvement of her hypotonia and lassitude was gradual; no side effects of corticosteroid were observed.

This treatment has also been used successfully by us in several hematologic conditions [2–6].

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