

Letter to the Editor: High-Dose Intravenous Methylprednisolone for Kasabach-Merritt Syndrome

I have read with interest the case report of Ortel et al. [1]: "Antifibrinolytic therapy in the management of the Kasabach-Merritt syndrome." Epsilon amino caproic acid was increased to 52 g/day to inhibit fibrinolysis, with cryoprecipitate administration to replenish the patient's deficient fibrinogen, in desperate condition.

We have used high-dose intravenous methylprednisolone (HIVMP) (daily, 30 mg/kg for 3 days; 20 mg/kg for 4 days, followed by 10 and 5 mg/kg, 1 week for each; each dose given 2–5 min) for a 2-month-old infant with this syndrome to control the enlargement of her hemangioma involving the sternum [2]. This treatment was required on three more occasions in 6 months period to control her severe thrombocytopenia and hemolysis. When the dosage of methylprednisolone was increased to 100 mg/kg, halving to 50 mg/kg, 30 mg/kg, 20 mg/kg for 3 days each, there was immediate improvement in the platelet count, which remained above $200 \times 10^3 / \mu\text{l}$ subsequently for over 15 months, with an almost complete disappearance of the hemangioma both clinically and scintigraphically despite a gradual decrease in oral corticosteroid therapy. With HIVMP administration her coagulation abnormalities improved, and her anemia was corrected without blood transfusions.

The child's Cushingoid appearance, which was the only side effect of corticosteroid administration, completely disappeared when the dose decreased considerably. Tachycardia and restlessness were observed on the third day of 100 mg/kg HIVMP treatment, which disappeared when the dose was decreased to 50 mg/kg.

When the treatment becomes an emergency in patients with Kasabach-Merritt syndrome, as in our case and that of Ortel et al., I advocate HIVMP treatment to save the patient's life if other approaches fail or could not be applied, as in our case.

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REFERENCES

1. Ortel TL, Onorato JJ, Bedrosian CL, Kaufman RE: Antifibrinolytic therapy in the management of the Kasabach-Merritt syndrome. *Am J Hematol* 29:44–48, 1988.
2. Özsoylu S, Irken G, Gürgey A: High dose intravenous methylprednisolone for Kasabach-Merritt syndrome. *Eur J Pediatr* 148:403–405, 1989.