To The Editor

Mega dose methylprednisolone treatment in patients with idiopathic thrombocytopenic purpura (ITP): Authors' reply

After reading Dr. Özsoylu's statements about our article, I paid great attention to what was written. He stated that there was no fitting between the reflection in Figure 1 and some of our statements, such as "intravenous immunoglobulin (IVIG) which caused a greater increase in the platelet counts above 20,000/μl on the 2nd day of the treatment" and "IVIG increased significantly earlier in the platelet counts above 20,000/μl than MDMP".

As shown in Figure 1, MDMP caused higher platelet counts in four patients versus what IVIG did on the 2nd day of the treatment. The same findings were also observed in a few patients on the 4th, 7th and 14th days of the treatment. The percentage of the patients with platelet counts above 20,000/μl on the 2nd day of the treatment was 86% in the IVIG group, versus 50% in the MDMP group ($p<0.05$).

In my opinion, the fact that the platelet counts of the four patients treated in the MDMP group on the 2nd day of treatment were higher than that of the patients in the IVIG treatment group does not mean that the proportion of having platelet counts above 20,000/μl treated with IVIG on the 2nd day of the treatment would not be greater than that of the patients treated in the MDMP group. Furthermore, the increase of platelet counts above 20,000/μl of the patients treated with IVIG cannot significantly and statistically be higher and increase earlier than that of those treated with MDMP. For, there were differences in the platelet counts of the patients receiving MDMP treatment, whereas there were no differences in that of the patients in the IVIG group on the 2nd day of the treatment. While some patients (only four) in the MDMP group had higher platelet counts, others had much lower or the same platelet counts than those receiving IVIG treatment (Fig. 1). This suggests that MDMP treatment may cause high levels of increase in platelet counts in some cases with ITP.

The patients were hospitalized until the 4th day of the treatment and their platelet counts increased above 20,000/μl because most of the patients used to come to hospital from the rural areas. Either patients, those coming from the urban area and those treated with MDMP, were followed on out-patient basis and they received oral MDMP at home.

We used the MDMP treatment perorally before 9 AM after breakfast as has previously been described by Özsoylu1. I agree with him in giving MDMP at about 6 AM i.v. or orally at a time not observing the side effects of corticosteroid because of diurnal rhythm of steroid.

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REFERENCES

1. Özsoylu S, Saylı TR, Öztürk G. Oral megadose methylprednisolone versus immunoglobulin for acute childhood idiopathic thrombocytopenic purpura. Paediatr Hematol Oncol 1993; 10: 317-332.