Mega-dose methylprednisolone versus pulse methylprednisolone

To the Editor,

I have read Incecik et al.'s paper entitled "Posterior reversible encephalopathy syndrome due to pulse methylprednisolone therapy in a child" in the July–August 2013 issue of the Journal (2013; 55: 455-457).

Although the main hematologic findings, such as spherocytosis, polychromasia, anisopoikilocytosis, and reticulocytosis, etc. and Coombs test results were not given, the patient most likely had hemolytic anemia, for which he was given pulse methylprednisolone (MP) three days after intravenous immunoglobulin (IVIG) therapy, which might also cause encephalopathy. However, the hematologic changes were not reported after pulse MP administration.

My main concern in writing this letter is to emphasize the differences between pulse MP and mega-dose methylprednisolone (MDMP) therapy, which we have used in more than 400 patients in the treatment of several hematologic conditions[1-3], including autoimmune hemolytic anemia[4], without observing the main steroid side effects as emphasized by the others[5], despite a long period of treatment.

In pulse MP administration, the dose is given at any time of the day intravenously (i.v.) for about four hours. In MDMP, the dose (initially 30-100 mg/kg and decreased after 3 days) is given around 6 a.m. (in 10-15 minutes by i.v. or mostly orally at once), which does not affect ACTH-corticosteroid homeostasis[6]. I would like to reemphasize that MDMP should be preferred for corticosteroid treatment when it is required, except in adrenal insufficiency.

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