

To The Editor

Mega dose methylprednisolone (MDMP) treatment

Dr. Erduran and his colleagues¹ also found no significant difference between intravenous immunoglobulin (IVIG) and MDMP treatment in children with acute idiopathic thrombocytopenic purpura (ITP), by short and long-term follow-up, in their well controlled study.

Therefore, they concluded that MDMP should be preferred in the treatment of acute ITP, commenting that MDMP is safer and more than 90 times cheaper than IVIG treatment. They emphasized also that no transfer of disease with MDMP administration is expected since it is a non-biological drug and drew attention to the fact that it could be given orally, which is another convenience of this approach.

I am happy that the authors used MDMP doses as suggested by us, so comparison of the results of different studies could easily be made, except that the doses were given "after breakfast" by the authors. Although we previously proposed that each dose of MDMP should be given before 9 AM, later it was stated that it should be given around 6 AM (orally or intravenously in 10-15 minutes) so corticosteroid and ACTH homeostasis would not be disturbed profoundly².

I would like bring the authors' two statements to the attention, as not fitting to figure 1 reflection, such as, "IVIG caused a greater increase in percentage of patients with platelet counts above 20,000/ μ l at the 2nd day of treatment" and "platelet counts of patients treated with IVIG increased above 20,000/ μ l significantly earlier than...".

Although the patients were admitted to the hospital for MDMP treatment, the same treatment by the oral route may be given at home, which is more convenient and economical for the families.

On this occasion, I would like to reemphasize that every high dose corticosteroid (HDMP) administration (including pulse methylprednisolone) is not MDMP treatment (but reverse is true)². MDMP treatment was first used in Turkey³ and oral modification was also made by us⁴. Each dose (30 to 100 mg/kg, initially) is given at 6 AM (in 10-15 minutes) IV or orally at once (without mixing with its distilled water). Powdered MP should be transferred to a spoon and covered by honey since its taste is extremely bitter. If it is given at once around 6 AM, side effects of corticosteroid practically would not be observed^{2,5}.

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