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Letter to Editor

Internal Medicine Section

Letter to the Editor regarding the review of literature about aplastic anaemia complicating systemic lupus erythematosus

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DEAR EDITOR

We read with interest, Dr. Wesley Jose et al.'s paper, "Aplastic anaemia complicating systemic lupus erythematosus (SLE) at a presentation: a clinical vignette and review of literature", Journal of Clinical and Diagnostic Research 2011 June, 5(3): 637-639 [1]. They skillfully reported an interesting case of Systemic Lupus Erythematosus (SLE) who initially presented with pancytopaenia, with the diagnosis of secondary Aplastic Anaemia (AA) and also she had responded to high dose Dexamethasone for four days, dramatically. Also, they asserted that they had reviewed the literature and had found only 16 reports for a total number of 19 patients. But, it seems that their review was not proper and that they had missed some reports. We reviewed the English literature exactly and found 6 reports which were missed until Jan 2011 (when Wesley et al.'s manuscript was submitted) [2-7].

Various treatment protocols were used for these patients, but it seemed that some of these patients hadn't responded to the treatment well. In the six previous studies that had been ignored, anti-thymocyte globulin (ATG), granulocyte colony-stimulating factors (G-CSF) and cyclosporine had been used and they had been relatively effective. They revealed that a short course of high dose Dexamethasone was effective for acquire AA which was secondary to SLE. Plasmapheresis, cyclophosphamide, oxymethalone, prednisolone, methylprednisolone, androgens, plaquenil and anti-thymocyte globulin also had been used to treat these patients, but it appeared that this was the first time that Dexamethasone was successfully used for the treatment.

Recently, new biologic medications such as Rituximab (a CD20 positive B cell lymphocyte suppressor) were recommended for the lupus patients who were complicated with severe and refractory haematologic disorders [8]. Regarding the aetiological mechanism of AA which is secondary to SLE (dysregulation of the T and B lymphocyte cells or the auto-antibodies that results in the destruction of the multi potential bone marrow stem cells), it is expected that the role of new biologic drugs will be bolder in these patients. Finally, the cases with SLE and acquired AA can benefit by a new biologic treatment. However, at the first step, the use of classic immunosuppressive drugs is safer and cheaper.

Sincerely,

REFERENCES

[1] Jose W, Unnikrishnan A, Muthu Pn, Kumar K, Pavithran K. Aplastic anemia complicating systemic lupus erythematosus (SLE) at presentation: a clinical vignette and review of literature. *Journal of Clinical and Diagnostic Research* 2011;5(3):637-9.

[2] Alvarez A, Fonseca T, Carvalho L. Pancytopenia as the first manifestation of connective tissue disease. *Acta Med Port*. [Case Reports]. 1994 Jan;7(1):35-8.

[3] Hepburn AL, Lampert IA, Boyle JJ, Horncastle D, Ng WF, Layton M, et al. In vivo evidence for apoptosis in the bone marrow in systemic lupus erythematosus. *Ann Rheum Dis*. [Case Reports]. 2007 Aug;66(8):1106-9.

[4] Ideguchi H, Ohno S, Ishigatsubo Y. A case of pure red cell aplasia and systemic lupus erythematosus which was caused by the human parvovirus B19 infection. *Rheumatol Int*. [Case Reports]. 2007 Feb;27(4):411-4.

[5] Lee JH, Lee SG, Kim JR, et al. A case of aplastic anemia which was associated with systemic lupus erythematosus: successful treatment with cyclosporine. [Article in Korean]. *J Rheumatol*. 2007;14:384-9.

[6] Morishita Y, Matsukawa Y, Kura Y, Takei M, Tomita Y, Nishinarita S, et al. Anti-thymocyte globulin for a patient with systemic lupus erythematosus which was complicated by severe pancytopenia. *J Int Med Res*. [Case Reports]. 1997 Jul-Aug;25(4): 219-23.

[7] Tabushi Y, Fukazawa T, Abe K, et al. A case of aplastic anemia in a patient with systemic lupus erythematosus. *Mod Rheumatol*. 2003;13:177-80.

[8] Alishiri GH, Saburi A, Bayat N, Saadat AR, Saburi E. The initial presentation of systemic lupus erythematosis with aplastic anemia which was successfully treated with rituximab. *Clin Rheumatol*. 2011 Oct 21; Clin Rheumatol. 2012 Feb; 31(2):381-4.

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