To the Editor,

I read with interest the article by Vinod KV et al’s paper entitled “Kasabach-Merritt syndrome in an adult” in the recent issue of the Turk J Hematol (1).

Relating to this article, I would like to add that Özsoylu reported megadose methylprednisolone (MDMP) treatment for different hematological conditions including hemangiomas, infantil hemangiomatosis and Kasabach-Merritt syndrome. Özsoylu recommended the daily use of MDMP; 30 mg/kg for 3 days, then 20 mg/kg for 4 days and subsequently 10, 5, 2 and 1 mg/kg with each dose administered for 1 week, around 6 a.m. as a single dose (3). Özsoylu treated the patients either orally or intravenously over the course of 10-15 minutes which were resistant to conventional corticosteroid treatment (2, 3). Conventional corticosteroid treatment and MDMP were comparatively studied for the treatment of hemangiomas and it was observed that MDMP was superior (4).

In our department, eight patients with infantile hemangiomas were treated interferon-α 2a plus oral prednisolone without observing severe complications. In this study, the median age was 4 months (range 3 months-12 months) and six of them were females and two were males. Three cases were not followed up and three patients achieved complete regression while a partial regression was observed in two others. The beneficial results obtained with interferon-α 2a plus oral prednisolone treatment in these cases (5).

On the other hand, vascular endothelial growth factor (VEGF) is recognized as an essential regulator of blood vessel growth. The use of anti-VEGF abolishes this vascular endothelial growth promoting activity in vitro (6). Three patients with pericellular epitheloid hemangioma were treated anti-VEGF successfully (7). Although recent studies have indicated the effectiveness of anti-VEGF treatment in these cases, there is not a significant number of clinical trials that have been reported.

References