To The Editor:

As with most reports of splenectomy for immune thrombocytopenia, the recent study claiming efficacy of splenectomy for human immunodeficiency virus (HIV)-related thrombocytopenia is uncontrolled, and combines responses of more and less severely thrombocytopenic patients. In addition, important information is omitted. What were the mean platelet count increases, partial versus complete response rates, and short- or long-term failure rates in the 43 patients stated to have $<20 \times 10^9/L$ platelets at the time of splenectomy, and how does this compare with similar data gleaned from the group of 46 patients with equally severe thrombocytopenia who did not receive splenectomy? How many patients in the severely thrombocytopenic splenectomized versus nonsplenectomized group were receiving comcomitant zidovudine, and what were the responses in the zidovudine-treated versus the untreated patients? As usual, this report fails to satisfy those of us who question the role of splenectomy in immune thrombocytopenia.

Alan Lubin
Division of Hematology
The Mt. Sinai Medical Center
Cleveland, OH

REFERENCE
Splenectomy for immune thrombocytopenia [letter]

A Lubin