ROLE OF ACCESSORY SPLEENS IN HUMAN IMMUNODEFICIENCY VIRUS-RELATED IMMUNE THROMBOCYTOPENIC PURPURA

To The Editor:

I read the report by Oksenhendler et al1 with interest. I would like to ask the investigators if accessory spleens were screened for or detected in both the patients with no initial response and late relapses. Accessory spleens can cause recurrent immune thrombocytopenic purpura (ITP).2 To date, only one accessory spleen has been reported in a patient with human immunodeficiency virus (HIV)-related ITP.3 This patient had a partial response to splenectomy. However, there was just 6 months of follow-up as opposed to the
mean follow-up of 70 months in the report by Oksenhendler et al. As the incidence of accessory spleens is apparently decreased in patients with HIV-related ITP, further information would help define the role of accessory spleens in this disease and may help clarify the indications for an accessory splenectomy.

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REFERENCES


RESPONSE

Among the 68 patients splenectomized for severe human immunodeficiency virus (HIV)-related immune thrombocytopenic purpura (ITP), 53 had \(<20 \times 10^9/L\) platelets at the time of splenectomy. The results of splenectomy in the 53 severely thrombocytopenic patients are similar to those observed in the whole group: 45 complete and 4 partial responses, 4 failures and 6 early relapses. The mean platelet count increased from \(11 \pm 5 \times 10^9/L\) to \(204 \pm 134 \times 10^9/L\) in the 53 patients with \(<20 \times 10^9/L\) platelets at the time of splenectomy and from \(36 \pm 12 \times 10^9/L\) to \(279 \pm 188 \times 10^9/L\) in the 15 patients with \(>20 \times 10^9/L\). Nine of the 53 severely thrombocytopenic patients remained on zidovudine after splenectomy while they had failed to respond to this therapy before surgery. These results cannot be compared with those observed in the nonsplenectomized patients as, in this study, splenectomy was usually proposed to patients who remained severely thrombocytopenic and not to patients who had responded to another therapy (ie, zidovudine). During the study, 11 nonsplenectomized patients experienced a spontaneous increase in platelet count, but on the other hand, 19 patients remained with a platelet count \(<50 \times 10^9/L\) at last evaluation. We will question the role of splenectomy in immune thrombocytopenia as soon as a large prospective study will report similar results (persistent correction of thrombocytopenia in more than 80% of the patients) after failure of classic medical therapy without having recourse to splenectomy.

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Role of accessory spleens in human immunodeficiency virus-related immune thrombocytopenic purpura [letter; comment]

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