INTERFERON-α2a TREATMENT IN A PREGNANT WOMAN WITH ESSENTIAL THROMBOCYTHEMIA

To the Editor:

Essential thrombocythemia (ET) is a disease of middle and old age; however, during the last few years the expanding use of automated blood cell counters has shown an increased frequency of the fortuitous diagnosis among younger people. Furthermore, severe complications have been described even in these patients.1

Concerning pregnancy in patients with ET, there are literature data that underline a high rate of fetal morbidity and mortality probably by means of placental infarction,2,3 but few normal pregnancies are also reported.4,5 Treatment during pregnancy has not been established yet. Aspirin therapy might have a role even if it carries an increased hemorrhagic risk.6 Plateletpheresis has been employed with efficacy but its use is limited because of difficult long-term control of the disease. Antiproliferative agents should be avoided because of their potential adverse activity on the fetus.

Interferon-α (IFN-α) has been usefully employed in pregnant women with various hematologic diseases.6,7 In particular, Petit et al8 described a 27-year-old woman with ET who was treated with IFN-α until unexpected pregnancy was documented. Treatment was then discontinued and the patient delivered a normal full-term male infant.

We report our experience in a 29-year-old woman who, at the 12th week of her first pregnancy, showed an important increase of platelet count (1,854 x 10^9/L) with a hemoglobin level of 12.5 g/dL and a white blood cell count of 12.5 x 10^9/L. A diagnosis of ET was done and, after informed consent was obtained, a treatment with IFN-α2a at a daily dose of 3 mU subcutaneously was started. Therapy was well tolerated, the platelet count showed a progressive reduction (see Fig 1) and at the 33rd week was within the normal range; IFN-α2a dosage was reduced to 3 mU subcutaneously three times weekly, maintaining control of the platelet count. Repeated ultrasonic examinations during the whole pregnancy showed a normal fetal development.

The patient delivered, at the 40th week, a normal full-term male infant who also showed normal laboratory hematologic and biochemical parameters.

Our experience suggests that IFN-α allows a safe and normal pregnancy in thrombocythemic women. Further data are needed to confirm the role of IFN-α treatment in decreasing the incidence of abortion in pregnant women with ET.

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REFERENCES

Fig 1. PLT, platelets; WBC, white blood cells; Hb, hemoglobin.

Interferon-alpha 2a treatment in a pregnant woman with essential thrombocythemia [letter]

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