

## Danazol in Idiopathic Thrombocytopenic Purpura

Our results in nine patients with chronic idiopathic thrombocytopenic purpura (8 females and 1 male) treated with danazol, a nonvirilizing synthetic androgen, remarkably differ from those reported by Ahn et al. [1].

All patients had previously received one or more other forms of therapy: corticosteroids, splenectomy, azathioprine, cyclophosphamide, colchicine and/or vincristine.

Danazol was given at a dosage of 400–800 mg/day orally during 8 weeks. The drug was suspended in 1 patient at the 4th week because of intracranial bleeding.

Only 1 patient had a good response with definite normalization of platelet count within 4 weeks of starting the treatment and has remained normal for 6 months. Another patient had a transient slight increase of platelet count during the treatment with a rapid return to the pretreatment level.

The rest of the patients did not respond to danazol. During the treatment, moderate medical problems arose in 6 patients: cephalalgia, overweight, arthralgias, weakness, rash, amenorrhea and breast discom-

fort. These findings demonstrate that danazol was badly tolerated in all these cases.

In our hands, this drug was ineffective in most patients. In view thereof, our conclusions are that danazol is not yet recommendable as a substitute for steroids or splenectomy in patients with idiopathic thrombocytopenic purpura. Further studies on this subject are therefore advisable.

### Reference

- 1 Ahn, Y.S.; Harrington, W.J.; Simon, S.R.; Mylvaganam, R.; Pall, L.M.; So, A.G.: Danazol for the treatment of idiopathic thrombocytopenic purpura. *New Engl. J. Med.* 308: 1396–1399 (1983).

Accepted: August 5, 1985

D. Almagro, MD,  
Institute of Hematology and Immunology,  
PO Box 8070,  
Ciudad de La Habana 8 (Cuba)