

Intravenous Methylprednisolone for Myelofibrosis

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After reading the paper by El Mouzan et al. [1] entitled 'Myelofibrosis and pancytopenia in systemic lupus erythematosus' in a recent issue of this Journal, I would like to bring to the attention our excellent results obtained by high dose intravenous methylprednisolone (daily 30 mg/kg for 3 days, 20 mg/kg for 4 days, then subsequently 10, 5, 2 mg/kg for 1 week each followed by 1 mg/kg till hemoglobin reached 12 g/dl; each dose given 2-5 min) [2, 3] in idiopathic myelofibrosis treatment.

By this regimen I believe myelofibrosis will be cured and remission of SLE will be observed according to our experience.

References

- 1 El Mouzan, M.I.; Ahmad, M.A.M.; Al Fadeh Saleh, M.; Al Schaibani, M.O.; Al Gindan, Y.M.: Myelofibrosis and pancytopenia in systemic lupus erythematosus. *Acta haemat.* 80: 219-222 (1988).

- 2 Özsoylu, Ş.; Ruacan, S.: High dose intravenous corticosteroid treatment in childhood idiopathic myelofibrosis. *Acta haemat.* 75: 49-51 (1986).

- 3 Özsoylu, Ş.: High dose intravenous methylprednisolone for idiopathic myelofibrosis. *Br. J. Haemat.* 70: 388 (1988).

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