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## Reply to 'Neonatal Alloimmune Thrombocytopenia Due to HLA-A<sub>2</sub> Antibody'

Thank you for Şinasi Özsoylu's argument about the validity of establishing the diagnosis of NAIT in this case. The nadir of thrombocytopenia was rather late. We also had similar query initially. However, the baby's clinical condition was stable so no other clinical evidence or drugs could explain the thrombocytopenia. I agree that theoretically the nadir of thrombocytopenia should be at the moment of birth while the titer of platelet antibody was at its peak, though the nadir of most cases were often somewhat delayed [1].

I wonder whether it could be due to the difference in nature between platelet-specific and HLA antibodies. Probably HLA antibody causes low-grade sensitization. The platelets are cleared continuously by the spleen and reach a nadir rather late. In addition, theoretically HLA antibody should cause NAIT but it was seldom reported. It further suggests that the effect of HLA antibody on neonatal platelets is trivial. Could it be possible that HLA antigens are not well developed on the neonatal platelets until 2–3 weeks later? I would appreciate being informed if someone else has a better idea.

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### Reference

- 1 Mueller-Eckhardt C, Kiefel V, Grubert A, et al: 348 cases of suspected neonatal alloimmune thrombocytopenia. *Lancet* 1989;i:363–366.