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Megadose methylprednisolone for Kasabach-Merritt syndrome

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Frevel et al. [2], in their review article on Kasabach-Merritt syndrome (KMS), failed to mention megadose methylprednisolone (MDMP) treatment for this condition as was first published by us [8] in this journal in 1989. By stating: “Corticosteroids given at a dose of 2 to 3 mg/kg body weight per day are treatment of choice” for the treatment of haemangiomas, the authors seem to ignore the comparative study by Uysal et al. [9] who showed clearly that oral MDMP is better than 2 mg/kg/day of corticosteroids.

Although the authors stated: “KMS resistant to corticosteroid can be treated with INF”, evidence indicates that resistance could be better overcome by use of MDMP in different conditions [1, 4, 5, 6, 7]. Another statement, “Rare side-effects of long-term treatment with high doses above 5 mg/kg body weight daily include the risk of growth suppression, osteoporosis and opportunistic infections”, was made by the authors without reference. But, none of these side effects were observed by Bernini et al. [1], which supported our previous findings [5, 7, 8].

The authors also failed to mention the earlier study of Inceman and Tangün, which was the first direct evidence of local consumption of platelets and intralesional coagulation abnormalities [3].

I was surprised to read details of the very expensive interferon treatment for KMS without mentioning the results of the use of MDMP for this condition.

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