Reply to the correspondence letter by S. Özsoylu ‘Vit B12 treatment’

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I would like to respond to the letter of the editor of Professor Sinasi Özsoylu.

Both mother and child were treated since the two of them were deficient. The mother received an oral supplement of 1,000 mcg/day over 5 days. Few days after supplementation of vitamin B12, food diversification of the boy was successfully started so he did not receive exclusive breastfeeding any longer. To make sure that his supplies were sufficient he received oral supplementation. The boy was not over-treated as shown by close biological and clinical monitoring.

I do not understand why you think the boy received treatment for 350 days, since this is not specified in our article. Supplementation started at the age of 9 months. After 6 weeks

of treatment, blood counts and immunoglobulin G levels were normal. Bone marrow examination still showed mild dyserythropoiesis, but no more sideroblasts. Treatment resulted in a rapid improvement in weight gain. Neurological examination normalised within 3 weeks after the start of treatment. At this point oral substitution was switched to 1 mg per week. Presently, the boy is doing well with a monthly oral vitamin B12 dosage of 1 mg and iron supplements.

Finally, I would like to specify the following terms used in Table 1. ‘Inherited error of vitamin B12 metabolism’ includes transcobalamin II deficiency and Imerslund–Grasbeck disease. ‘Deficiency of cobalamin metabolism’ includes Cblb deficiency, CblG deficiency and cobalamin C deficiency.

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