

Vitamin D deficiency and anemia

Şinasi Özsoylu · Mahmut Nedim Aytekin

Received: 8 August 2010 / Accepted: 6 September 2010 / Published online: 17 September 2010
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Dear Editor,

We have recently [1] read Sim et al's article entitled "Vitamin D deficiency and anemia: a cross-sectional study".

Although most of the myelofibrosis with anemia in children reported by us [2–4] was due to 25 hydroxy cholecalciferol (25 OH CC; 25OH D3) deficiency, we could not find correlation between anemia and rickets due to 25 OH CC deficiency, which is in contrast to the authors' findings [5].

We suspect that the author's findings of anemia in patients with low level 25 OH CC was related mostly to renal insufficiency. Since eGFR was less than 60 mL/min/1.72 m² more often in the low 25 OH (<30) group (80.8%) than in the control group (53.2%), while more frequent in patients with diabetes (65.4% vs 43.0%; $p < 0,01$). Erythrocyte-stimulating agents were also prescribed more often for this group ($p < 0,01$).

We wish that the authors had also determined calcium, phosphorus, 1,25 dihydroxy cholecalciferol (1,25 (OH)₂ CC), and parathormone levels in their patients.

Therefore, we believe that the correlation should be extrapolated in patients without renal insufficiency.

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Ş. Özsoylu
Pediatrics and Hematology, Fatih University Hospital,
Ankara, Turkey
e-mail: sinasiozsoylu@hotmail.com

M. N. Aytekin (✉)
Department of Orthopedics and Traumatology,
Fatih University Hospital,
Ankara, Turkey
e-mail: nedimaytekin@hotmail.com