Reply to: [Efficacy of cyclosporine as a single agent therapy in chronic idiopathic thrombocytopenic purpura". Haematologica 2008; 93:e61]

We have read with interest and pleasure the paper by Choudhary and colleagues, that confirms our and few other's observations on efficacy and safety of low-dose cyclosporine (CyA) in chronic ITP, as second line or salvage treatments. However, we would like to make a reply to the Authors and some comments.

As clearly stated in our report,[1] we used CyA in 12 adult patients, with an overall response rate of 83.3% or with a response rate of 75% (9/12) persistent for 69 months, when excluding one patient died of heart failure during a 3-month course of CyA, with a complete platelet recovey.

Choudhary and coll. reported an overall response of 44% in their series, by combining results obtained in adults and children. This finding may be rather misleading, considering that pathophysiology and management of ITP in children are notoriously different from those of ITP in adults.There is now a "growing evidence that the immunologic trigger, course and outcome for children with immune mediated thrombocytopenia is quite different than that of adults".[2] In fact, the response rate in their adult series is 70% (7/10), similarly to our findings, whereas it is 26.6% (4/15) in children. From the data of the literature, the pediatric response rate varies from 28%[3] to 100%,[4,5] emphasizing differences between ITP in children compared with ITP in adults. The variable response in children does not seem to be due to the low-dose CyA used, as claimed by Choudhary and coll. Consistent with this, in a series treated with high-dose CyA the response is 28%,[3] which is similar to the percentage observed by Choudhary and coll., using low-dose CyA, thus thwarting their suggestion that low-dose CyA may be associated with a response rate reduction.

On the whole, by keeping in mind that information from the literature are scarce, the available data are encouraging physicians to try low-dose CyA treatment in adult patients with ITP, particularly in those refractory to conventional therapies.

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