

The rationale for using hydroxycarbamide in the treatment of sickle cell disease" (Haematologica 2011;96:488-491). Reply

Rees's elegant review of the utility of hydroxycarbamide in sickle cell disease (SCD) concludes with the wish that other drugs to ameliorate SCD would soon be found.¹ One such may be hiding in plain sight: a double blind controlled study of the treatment of sickle patients with n-3 fatty acids found that they reduced the frequency of vaso-occlusive crisis (VOC) from 7.8 to 3.8 events/year ($P < 0.01$). That trial was undertaken under the hypothesis that n-3 fatty acids would inhibit the coagulopathy that accompanies vaso-occlusive events.² Perhaps because of this underlying rationale the study has received scant attention because there are numerous other negative trials of anticoagulation and anti-platelet interventions in SCD.³

However, it is now apparent that the effects of n-3 fatty acids extend beyond interfering with a coagulopathy. n-3 fatty acids replace the prior acyl chains in the red blood cell (RBC) phospholipids including those of phosphatidylserine (PS).² The latter is normally confined to the inner layer of the RBC membrane. When sickle RBCs are deoxygenated, PS shifts to the outer layer.⁴ Sick RBCs are abnormally adhesive (a factor in VOC) in part because of exteriorized PS. There is a close correlation between PS on the RBC surface and adhesion to endothelium; there is direct binding of PS bearing RBC to specific endothelial receptors.⁵

The asymmetric transmembrane distribution of phosphatides in the RBC is enzymatically regulated and is strongly modified by the saturation of the phosphatide's acyl chains, changing as much as 12-fold when the number of double bonds in the acyl chain is varied.⁶ Since the saturation of acyl chains of PS is changed by the n-3 fatty acids, it is likely that its transmembrane redistribution with sickle RBC deoxygenation would also be changed. Thus the effect of n-3 fatty acids on RBC adhesion in

SCD may account for its beneficial effect and so renewed attention to n-3 fatty acids seems warranted.

Simeon Pollack

Albert Einstein College of Medicine, Bronx NY 10461, USA.

Correspondence: Simeon Pollack, Albert Einstein College of Medicine, 1300 Morris Park Ave, Bronx NY 10461, USA.

Phone: 914-271-3314; Fax: fax 914-271-9303;

E-mail: simeonpollack@optonline.net

Key words: sickle cell anemia, n-3 fatty acids.

Citation: Pollack S. n-3 fatty acids and sickle cell anemia.

Haematologica 2011; 96(06):e29.

doi:10.3324/haematol.2011.046409

The information provided by the authors about contributions from persons listed as authors and in acknowledgments is available with the full text of this paper at www.haematologica.org.

Financial and other disclosures provided by the authors using the ICMJE (www.icmje.org) Uniform Format for Disclosure of Competing Interests are also available at www.haematologica.org.

References

1. Rees DC. The rationale for using hydroxycarbamide in the treatment of sickle cell disease. *Haematologica*. 2011;96(4):488-91.
2. Tomer A, Kasey S, Connor WE, Clark S, Harker LA, Eckman JR. Reduction of pain episodes and prothrombotic activity in sickle cell disease by dietary n-3 fatty acids. *Thromb Haemost*. 2001;85(6):966-74.
3. Ataga KI, Key NS. Hypercoagulability in sickle cell disease: new approaches to an old problem. *Hematology Am Soc Hematol Educ Program*. 2007:91-6.
4. Blumenfeld N, Zachowski A, Galacteros F, Beuzard Y, Devaux PF. Transmembrane mobility of phospholipid in sickle erythrocytes: effect of deoxygenation on diffusion and asymmetry. *Blood*. 1991;77(4):849-54.
5. Setty BN, Betal SG. Microvascular endothelial cells express a phosphatidylserine receptor: a functionally active receptor for phosphatidylserine positive erythrocytes. *Blood*. 2008;111(2):905-14.
6. Middelkoop E, Lubin BH, Op den Kamp JA, Roelofsen B. Flip-flop rates of individual molecular species of phosphatidylcholine in the human red cell membrane. *Biochimica et Biophysica Acta*. 1986; 855(3):421-4.