

Correspondence

with Prednisolone when compared to dexamethasone.^[1] I do not think the cytogenetics, immunophenotype, or risk-adapted protocols would influence the risk of thrombosis. The association of genetic prothrombotic defects and thrombotic events is unclear.^[1] A high index of suspicion is definitely required in the identification of L-asparaginase induced cortical venous thrombosis. Any patient presenting with headache, vomiting, and recurrent seizures during the induction phase should undergo early magnetic resonance imaging (MRI). Once the diagnosis is confirmed, L-asparaginase should be withdrawn from the treatment protocol immediately.

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Authors' reply

L-Asparaginase is an important drug used in the induction phase of acute leukemia. A meta analysis of 17 prospective studies of 1752 paediatric Acute Lymphoblastic Leukaemia patients revealed the rate of thrombosis was 5.2%.^[1] Our patient did not have any central line or co-morbidities which could have resulted in thrombosis. High-dose steroids are rarely associated with cortical venous thrombosis. It would be difficult to rule out the concomitant involvement of steroids in this case. The risk of thrombosis with steroids is higher

REFERENCE

1. Caruso V, Iacoviello L, Castelnuovo A, Storti S, Mariani G, de Gaetano G, *et al.* Thrombotic complications in childhood acute lymphoblastic leukemia: A meta-analysis of 17 prospective studies comprising 1752 pediatric patients. *Blood* 2006;108:2216-22.

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