Letters to the Editor

Oral Iron Chelators

I read with interest the recent editorial on this topic(l) and have the following clarifications to seek:

(i) Regarding the side effect of LI (1,2 dimethyl-3-hydroxy-pyrid-4-one), the editorial states 'there is no evidence that it is related to rheumatoid arthritis or SLE like syndromes(l) whereas another review states that 'a large percentage of patients developed severe arthritis and serological evidence of SLE like disease(2). Which one of the above two statements is true?

(ii) According to the editorial 'However, in view of the life threatening complications faced by most thalassemics secondary to iron overload, use of this drug is imperative'(l). But at the same time, the other review states that 'due to coincidence of some very puzzling occurrences (in the form of various side effects) it is not advocated in any country yet for regular use'(2). Should we use this drug regularly or not?

(iii) The editorial states 'unfortunately none of other iron chelators including HBED and 90 other alfa-ketho-hydroxypyridines tested in animals appear promising enough for clinical use'(l). However, the other review article states 'out of these, HBED has proved very effective in animal trials with hardly any toxic effect'(2). Which statement is correct?

(iv) Whether LI can be used below 2 years age or not and if the answer is in affirmative, will it be available as liquid or chewable form? If not then probably for all practical purposes, children below 5 years of age will be deprived of the benefit of this drug.

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REFERENCES

1. Agarwal MB. Oral iron chelators. Indian Pediatr 1995, 32: 847-851.
2. Manglani M, Trivedi T, Kanakia S, Lokeshwar MR. Recent advances in thalassemia care. PHO Review 1995, 8: 6-8.

Reply

I thank Dr. Bhattacharyya for making some interesting observations related to differences between the two publications 'oral iron chelators'. To the best of our knowledge there is a single anecdotal report of arthritis being attributed to SLE in a case of thalassemia major receiving deferiprone(l). Both prior to and subsequent to this case report, patients receiving deferiprone have been tested for the laboratory evidence of SLE, rheumatoid arthritis and other immunological markers in Indian, Canadian, British and the Swiss trials(2-6). Stored seras prior to and subsequent to treatment of deferiprone have also been analyzed(6). An extensive animal