Splenectomized versus non-splenectomized patients with thalassemia major. *Echo-cardiographic comparison*

To the Editor

I read the interesting article by Morsy et al[1] on the splenectomized versus non-splenectomized patients with thalassemia major: echocardiographic comparison. The authors accomplished a good work with invaluable effort in assessing cardiac homodynamic changes in both splenectomized and non-splenectomized patients with thalassemia major. It is well known that splenectomy is beneficial for children with thalassemia and hypersplenism as it reduces their transfusion requirements[2] and improves their quality of life.[3] The authors concluded that no statistically significant gender difference was noted between splenectomized and non-splenectomized beta thalassemics regarding their anthropometric indices of weight and height. They did not give any speculation for that observation. Two important factors determine the required speculation, namely, the number of patients recruited in the aforementioned study, which was small (21 patients), and the ages of the patients when they were splenectomized, which the authors did not exactly state. In a Thai study,[4] the growth indices were assessed 2 years postsplenectomy in 69 children with beta-thalassemia/E disease, hemoglobin H disease, and beta-thalassemia major. The study showed that the growth velocity in height kept up with their postsplenectomy period in hemoglobin H and beta-thalassemia major (except 2 cases). In addition, the growth in weight kept up with their pre splenectomy period in 40/49 cases (81.6%) in beta-thalassemia/hemoglobin E. To date, no long-term follow-up data are available to allow conclusions regarding the foreseeable pattern of growth of splenectomized beta thalassemic children, and this remains a challenge to be confronted.

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Reply from the Author

We thank Dr. Al-Mandalawi for his comments. He is concerned with the anthropometric indices, namely, height and weight in our patients. In our study, although the means of height and weight in both groups did not reach a statistical significance; they are higher in the splenectomized group. In patients with thalassemia, anthropometric indices do not depend on splenectomy alone. There are many other factors that may affect thalassemia patient's growth. Chronic hypoxemia, iron overload,[5,6] growth hormone and gonadotropin secretion,[7] thyroid function,[8] different treatment regimens,[9] and nutritional status of the patients[10] are examples of these factors. We want to emphasize that our study focused only on hemodynamic changes after splenectomy, and the study of anthropometric indices was out of the scope of this study. Study of these anthropometric indices accurately, needs a different type of study with a longitudinal, not cross-sectional design, considering the multiple factors affecting these indices.

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