

## Letter to the Editor

### To the Editor

I enjoyed the article by J. Eivazi Ziai, et al. concerning "Use of myeloperoxidase index as a suitable tool to monitor response to therapy in patients with megaloblastic anemia" that was published in the last issue of the Medical Journal of Islamic Republic of Iran.<sup>1</sup> I would like to make some points regarding this study.

A. The authors mentioned that in primary evaluation of 50 anemic patients who had referred to their center, the peripheral blood smear and bone marrow aspirations had shown typical megaloblastic features. As all of the patients had been prescribed Vitamin B<sub>12</sub> and folate, it shows that the study has been on the basis of megaloblastic anemia due to vitamin B<sub>12</sub> and folate deficiency. The patients have entered the study without assessing excluding criteria for megaloblastic anemia, because there are several other hematologic disorders with megaloblastic findings in both peripheral blood smear and bone marrow aspiration such as myelodysplastic anemia, liver disease, and aplastic anemia.

It seems that evaluation of vitamin B<sub>12</sub> and folate levels in these patients would have been a necessary part of diagnosis after observation of blood and bone marrow smears that has been missed in this study.<sup>2</sup>

B. It has been cited that a total primary number of 50 patients entered the study. Some of them have been ex-

cluded from the study due to existence of other diagnoses, but not only have final numbers not been cited but also all 50 have been included in the last extraction of data, and no complementary patients were added.

### REFERENCES

1. Eivazi Ziaei J, Asvadi Kermani I: Use of myeloperoxidase index as a suitable tool to monitor response to therapy in patients with megaloblastic anemia. *Med J Islam Rep Iran* 18(4): 303-307, 2005.
2. Rodak BF: Hematology, clinical principles and applications. W.B. Saunders Company. pp. 234, 2002.

### Author's Comment:

According to our colleague, in respect with the number of patients in our study, everybody was diagnosed with megaloblastic anemia after responding to treatment. In fact, after excluding patients showing no response to the therapy and further diagnoses, we selected 50 typical patients who are shown in Table I (*Med J Isl. Rep. Iran* 18(4): 2005, page 305). Although evaluation of vitamin B12 and folate levels are necessary, but the quality of the assay is not reliable enough in our city.

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