Correspondences

Splenic Infarction in Polycythemia Vera: Can the Spleen be Saved?

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Sir,

I read the above article (JAPI Mar 2014, Vol 62, pg 64-66) with the great interest. Patient was detected to be hypertensive 10 years back, that is at the age of 35 yrs, in all probability it was manifestation of polycythemia vera (PV), as is almost 50% of PV present with secondary hypertension. Hypertension is caused by rise in hematocrit and resultant hyperviscosity leading to increase in intraarterial pressure.

Since the patient had no fever, tachycardia, leucocytosis or tender spleen on admission thereby suggesting that most likely he had infarction 2 months back when he developed left hypochondriac pain. The natural history of infarction is progression to fibrosis as it is a bland infarction. Clinical examination in this case recorded spleen size 16 cm below left coastal margin while USG abdomen and CT abdomen reported splenic span of 18 cm and 20 cm, respectively, implying size could not have been 16 cm below coastal margin. Splenomegaly in “active” PV is mostly due to increased red cell mass and not due to medullary hematopoiesis which occurs in case of ‘spent burnt out’ PV.

Patient underwent five phlebotomies for 4 weeks and as expected and as reflected in Table 1 his Hb serially diminished but surprisingly the hematocrit (Hct) kept on rising from 64.2 to 69.3%, so also the MCH from 21.7 to 23.5 pg, despite frequent phlebotomies draining 500 ml blood each time. The goal of phlebotomy is to bring Hct to less than 45% in male and less than 42% in female cases. Initially it can be done weekly or twice weekly till Hct normalises and later once in a 3-6 months.

With the advent of effective cytoreductive agents such as hydroxyurea, interferon alfa, anagrelide and pipobroman, splenectomy is hardly performed in PV except few select patients who are intolerant of or unresponsive to cytoreductive agents. The safety and benefits of low dose aspirin in PV has been proved in ECLAP study and thus low dose aspirin could have been added in this case.

References