Cerebral Venous Thrombosis after Intravenous Immunoglobulin Therapy in Immune Thrombocytopenic Purpura

Sir,

I read with interest the case report by James *et al*. on the cerebral venous thrombosis after intravenous immunoglobulin (IVIG) therapy in a patient with immune thrombocytopenic purpura.[1] The case report generally supports the trend of increasing reports of IVIG-associated thrombotic events in all age groups, including pediatric age group.[2] It is obvious that the tolerance of IG is usually good, but adverse events, including some serious ones, have been reported and may differ among different IG preparations. Thrombotic complications occur in 0.6%–13% of cases and can involve arterial or venous circulation, rarely both.[3] The incidence of thrombotic sequelae appears to vary with the IVIG product composition, rate of infusion, the study population's disease process, and underlying comorbidities.[4] Treatment with IG has been thought to increase the plasma viscosity, increase and activate platelets, trigger the coagulation cascade through the presence of activated factor XI in some IG preparations, and release vasoactive molecules responsible for vasospasm.[3] I presume that James *et al*. send an important message to the treating physicians that weighing the risk–benefit ratio must be exercised in planning the use of IG therapy. To limit further evolution of IVIG-associated thrombotic events in the clinical fields, ensuring sufficient hydration before infusion of IVIG, using the minimal effective dose possible during infusion, considering the use of preparations with lower concentrations of sucrose, and monitoring renal function have been suggested.[4]

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Conflicts of interest

There are no conflicts of interest.

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