Comment on Sonographic Evaluation of Abdominal Organs in Sickle Cell Disease

Dear Editor,

We read the publication on "sonographic evaluation of some abdominal organs in sickle cell disease (SCD) patients in a tertiary health institution in Northeastern Nigeria" with a great interest.[1] Luntsi *et al*. reported that "abdominal sonography in SCD patients revealed varied remarkable changes in the size, echotexture, intraluminal deposits, and wall thickness in the liver, gallbladder, kidneys, and spleen."[1] We would like to share the ideas on this report. First, without screening for other common diseases such as hepatitis or metabolic disease, the finding might be the result from other confounding disorders. Second, the clinical importance of the finding and further management should be discussed. We would like to draw attention to the situation from Indochina where a similar problem of high prevalence of hemoglobin disorders, thalassemia, and hemoglobin E disorder is extremely high prevalent. The hepatosplenomegaly, which is the result of extramedullary erythropoiesis, is the common finding.[2] Nevertheless, the abdomen ultrasonography is found to be inferior to magnetic resonance imaging (MRI). For monitoring of iron overload in transfusion-dependent cases, the MRI is routinely used.[3,4]

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Conflicts of interest

There are no conflicts of interest.

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Beuy Joob*
Medical Academic Center, Bangkok, Thailand

Viroj Wiwanitkit
Department of Biological Science, Joseph Ayobabalola University, Ilara-Mokin, Nigeria

Address for correspondence: Dr. Beuy Joob, Medical Academic Center, Bangkok, Thailand.
E-mail: beuyjoob@hotmail.com

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