Was α-thalassemia searched as a cause of non-immune "hydrops fetalis?"

To the Editor,

Dr. Sivaslı and colleagues[1] reported a case of "Hydrops fetalis associated with chorioangioma and thrombosis of umbilical vein" in a recent issue of the Journal.

Several causes of non immunological hydrops fetalis were studied in this newborn girl including glucose-6-phosphate dehydrogenase (G6PD) (which was mistakenly written as glucose-6-phosphatase dehydrogenase), but I could not find any note about hemoglobin electrophoresis. Marked reticulocytosis (20%) with some increase in normoblasts (19%) even for the newborn, in the presence of hemolytic findings in the blood smear, 12.6 g/dl hemoglobin level and mild hepatosplenomegaly (3 cm and 1 cm, respectively) without heart failure would suggest α-thalassemia, which is more frequent than pyruvate kinase and G6PD deficiencies in a female[1].

I am raising this possibility since it could be diagnosed by electrophoresis studies in the patient, and of course by the parents' hemoglobin electrophoresis.

Since coagulation studies did not reveal any cause for the thrombus formation, paraneoplastic causes such as chorangioma should also be remembered in addition to pressure of the umbilical vein.

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REFERENCES

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