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Rituximab in patients with refractory autoimmune hemolytic anemia

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Dear Editor,

We have read with great interest the article by Penalver et al in which they report the results of their Spanish multicenter retrospective analysis of 36 cases of refractory autoimmune hemolytic anemia treated with rituximab. In their analysis the authors show that treatment with anti CD20 monoclonal antibodies is associated with an overall and complete response rate of 77% and 61% respectively [1]. As stated by Penalver et al most available evidence on the use of rituximab in AIHA is based on retrospective case reports and smaller case series, with only few uncontrolled prospective trials, which is mainly due to the rarity of the disorder.

We were surprised by the fact that the authors did not refer to and make a comparison with our Belgian retrospective analysis, which was published in 2009 in the *Journal of Internal Medicine*. In this study, which had a very similar design as the study of Penalver et al, we reported on 53 patients with refractory AIHA treated with rituximab. Compared with the Spanish results overall response rates (79%) were similar, although the rate of complete responses (CR) was lower (47%) [2]. The reason for this difference is not clear as definition of CR and proportion of patients with cold type AIHA, a subtype in which the achievement of CR with rituximab monotherapy is rather rare, were similar [3]. In our study we were not able to identify pretreatment characteristics predictive for response or for response duration, including prior splenectomy. In contrast, patients with prior splenectomy showed better response rates than non-splenectomized patients in the Spanish study. Interestingly, in another retrospective analysis examining the use of rituximab in immune mediated thrombocytopenia (ITP), Penalver et al reported a higher early response rate in non-splenectomised patients, but no difference in maintained response. The authors suggested that an intact spleen might be necessary to achieve an early response [4]. The importance of prior splenectomy with regard to response rates in both immune mediated disorders remains a matter of debate, with conflicting results in various series. Penalver et al also discussed the issue of retreatment with rituximab in patients previously responding to the antibody. In our series nine patients were re-challenged with rituximab, leading to overall response characteristics similar to the responses achieved after the first course, including in some cases even longer response duration after rituximab re-treatment. In addition, one patient achieved a partial response although first rituximab course failed [2].

In conclusion, AIHA is a rare disorder in which relapses are common necessitating new therapeutic options. Rituximab may be an important alternative for the conventional therapies of these disorders, either in monotherapy or in association with other forms of immunotherapy [5].

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