

Malignancy-Associated Microangiopathic Hemolytic Anemia and Thrombocytopenia

Sir,

Abdulla *et al.* nicely described two Indian patients who presented with microangiopathic hemolytic anemia (MAHA) and thrombocytopenia due to disseminated malignancy (DM).^[1] I presume that underlying human immunodeficiency virus (HIV) infection might contribute to the revelation of DM in the studied two patients. That contribution could be addressed in dual aspects. On the one hand, it is obvious that patients with HIV infection have increased tendency to have various neoplastic lesions compared to healthy individuals. The increased propensity of neoplasms among HIV-positive patients has been thought to be related to different factors, including coinfection with oncogenic viruses, immunosuppression, and life prolongation secondary to the use of antiretroviral therapy.^[2] To the best of my knowledge, HIV infection is a significant health hazard in India. The available data pointed out 0.26% HIV seroprevalence compared with a global average of 0.2%.^[3] On the other hand, thrombotic microangiopathy is associated with HIV infection^[4] and it could be the first clinical manifestation of HIV infection.^[5] I presume that implementing the diagnostic workup of viral overload and CD4 count estimations was solicited in the studied two patients. If that diagnostic workup was accomplished and it revealed underlying HIV infection, the two cases in question could be truly regarded novel case reports. This is because concurrent HIV infection and DM uncovered by MAHA and thrombocytopenia have never been reported in the literature so far.

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Conflicts of interest

There are no conflicts of interest.

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