

## Myelodysplastic syndrome and aortic valve replacement: additions

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Madam, the article entitled "Aortic valve replacement in a patient with pancytopenia secondary to myelodysplastic syndrome" written by Gangwani<sup>1</sup> and published in one of the recent issues of your journal was quite interesting. Here, we would like to emphasize some points.

The majority of patients with myelodysplastic syndrome (MDS) have hypercellular bone marrow (BM) (cellularity level >60%). Hypocellular BM is found in a minority of patients and is referred to as hypoplastic myelodysplasia. The differential diagnosis of patients with a hypoplastic BM includes not only aplastic anaemia but also drug toxicity (for example, clopidogrel, amiodarone), Paroxysmal nocturnal haemoglobinuria, and T-cell large granular lymphocytic leukaemia. Also, patients with MDS, particularly with more advanced subtypes, may have

severe chronic thrombocytopenia with associated mucosal bleeding. Thrombocytopenia, defined as platelet count less than 100x 10<sup>9</sup>/L, occurs in 40% to 65% of patients with MDS. American and British cooperation group has classified MDS into seven categories. (not five).<sup>2</sup>

Also, Heyde syndrome is characterized by calcific aortic stenosis, acquired von Willebrand disease, and angiodysplasia in colon and caecum causing gastrointestinal haemorrhage.<sup>3</sup> So, prothrombin time, active partial thromboplastin time, von Willebrand Factor level should be evaluated in these patients.

### References

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3. Ayvaz O, Yavasoglu I, Kadikoylu G, Coskun A, Bolaman Z. Heyde syndrome: Case Report. *Turk J Geriatrics*. 2012; 15: 470-472.

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