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Inadequate awareness of the role of erythrocytic parameters in the detection of beta-thalassemia minor

Sir,

We read with great interest the article by Kakkar et al., which was recently published in Journal of Postgraduate Medicine. In this article, the authors conducted a retrospective study in order to assess the awareness of physicians on the use of erythrocytic parameters on the diagnosis of beta-thalassemia minor. These parameters such as mean cell volume, mean cell hemoglobin, mean cell hemoglobin concentration, red cell distribution width, and erythrocyte count have been long studied as screening tests for the diagnosis of beta-thalassemic trait. Most studies showed that they do not have sufficient sensitivity to be used for screening purposes. However, the values that Kakkar et al. used in their study as criteria should at least alarm treating physicians of the possibility of thalassemia minor. Disappointingly, the vast majority of physicians failed to suspect thalassemic trait as a possible diagnosis.

Indeed, the results of this study are unsatisfactory. However, in our opinion, what is really worrisome is that, these results are similar with two older studies which were conducted more than two decades ago. In 1985, in a similar article by Hansen et al., only in 32% of cases was a thalassemic syndrome considered in the differential diagnosis of a patient with apparent thalassemic syndrome (mean corpuscular volume, lower than 75 fl; erythrocyte count, greater than 5 millions/mm³). In 1988, a study by Shalev et al. in a University Hospital in Jerusalem, the percentage was 54%.

It seems that the awareness of the physicians on the use of erythrocytic parameters remained steadily low through these two decades, even though medical knowledge and research showed great progress. We believe that this fact raises concerns about the efficacy of under- and post-graduate medical education.

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