CORRESPONDENCE

NEONATAL ALLOIMMUNE THROMBOCYTOPENIC PURPURA AND CONGENITAL PORENCEPHALY ASSOCIATED WITH A NEW MATERNAL ANTIPLATELET ANTIBODY

To the Editor:

I have read with interest the paper of Friedman and Aster entitled "Neonatal Alloimmune Thrombocytopenic Purpura and Congenital Porencephaly in Two Siblings Associated With a 'New' Maternal Antiplatet Antibody" in the June issue of *Blood*.[1]

The mother's serum most likely had antibodies to platelet glycoproteins (GP) IIb/IIIa since her serum failed only to react with platelets from patient with type I Glanzmann's thrombasthenia.[2] It has been shown that autoantibodies to GP IIb/IIIa could be present in some ITP cases, especially chronic ones.[3] If her serum would also react with the platelets of her oldest son, whose father was different from her present husband, this would most likely indicate that her antibodies were not specific to a "new" platelet antigen but were to GP IIb/IIIa, which is found some ITP cases.

Since we have shown that antiplatelet antibodies were persistent with short platelet survival in ITP patients in remission,[4] I would suggest that her antibodies were reminiscent from her asymptomatic ITP, causing problems related to thrombocytopenia in her fetuses.

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3. Woods VL Jr, Mcmillan R: Platelet antoantibodies in chronic ITP. Br J Haematol 57:1, 1984

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To the Editor:

Dr Ozsoylu suggests that serum Pen from the mother of two infants with neonatal alloimmune thrombocytopenic purpura which we describe in our recent paper[1] is an autoantibody related to asymptomatic maternal ITP. We believe that this interpretation is unlikely to be correct for several reasons. First, as stated in our report, Mrs Pen did not ever have thrombocytopenia, purpura, or bleeding problems. Second, her serum did not react with her own platelets and thus did not contain an antiplatelet autoantibody. Mrs Pen's serum also does not react with platelets from her normal sister or with platelets from an unrelated Latin American woman with posttransfusion purpura whom we have studied more recently. The data support our conclusion that serum Pen recognizes a previously undescribed high-frequency platelet alloantigen.

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