

Guest editorial

Haematology

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Andrew McDonald's interests include the diagnosis and treatment of bleeding disorders, and thrombophilia.

Haematology is entering an exciting time – significant advances in the understanding of the molecular pathogenesis of many haematological disorders have and continue to be made. But, more importantly, these advances are resulting in significant advances in the management of many disorders. Two disorders specifically are mentioned in this journal – that of multiple myeloma and chronic myeloid leukaemia.

Jackie Thomson discusses the modern management of multiple myeloma, which has gone from being a dismal disease with significant morbidity and poor survival, to a disease where early diagnosis can result in long-term control of symptoms, as well as significantly longer survival. Make no mistake, it is still not a welcome diagnosis, but we can now give hope to people who have been given this diagnosis. Myeloma is relatively common, given the higher incidence in the black population, and the challenge is now to extend the gains achieved in managing this disorder to all our population.

Chronic myeloid leukaemia, discussed in the More About section, has also undergone a radical change in therapeutic strategy; tyrosine kinase inhibitors are so successful that the management of CML has literally changed overnight. While many practitioners are not managing CML directly, it is my experience that there are still many patients out in the community who are not receiving these drugs – I reiterate (as in the article), that the current registered drug is available to all patients in South Africa via a patient assistance programme, and everyone with this diagnosis deserves the best therapy available.

The rest of the journal is dedicated to the management of bleeding and thrombotic disorders – an area poorly understood by many practitioners (and I include myself in this category).

Jessica Opie discusses heparin therapy, and in particular the complication of heparin-induced thrombocytopenia. I am not sure of the prevalence of this condition, and have rarely

diagnosed it – but this may be a feature of ignorance of this diagnosis, the lack of widely available tests and absence of alternative therapies. This is all changing, and it is well to at least keep this complication in mind, as heparin (in all its forms) remains a widely prescribed drug.

Neil Littleton discusses HIV-associated thrombocytopenia, a problem we are all facing in increasing numbers. We need to keep an open mind as to the underlying cause of the thrombocytopenia; and while antiretrovirals have gone a long way in managing this disorder, they are not the whole answer.

I discuss von Willebrand disease, a disorder where diagnosis is still the most difficult part of management. The obvious case is easy to diagnose, but the subtle case, where tests are not helpful or confusing, still remains a challenge. The bleeding score, although laborious, will certainly help. I also develop the theme further in the article about menorrhagia, where the most common bleeding diathesis is again von Willebrand disease. There are many people with this disorder who have not been diagnosed, and while the cynic may say that non-diagnosis has not impacted on the patient's life (and quality of life), one should always keep in mind that this is a genetic disorder, and that the next generation may have increased penetrance with significantly more bleeding complications.

Lastly, Anne-Louise Cruickshank and I discuss haemophilia emergencies. While there are only approximately 2 000 haemophiliacs on the South African register, inadequate emergency management continues to maim and kill.

The most disappointing aspect of the stories we hear is that doctor arrogance in not listening to the patient or family has contributed to poor outcomes. My plea is to remain humble – we cannot know everything, and while this journal fulfils a vital function in spreading knowledge, we still need to acknowledge that there will always be someone (and this may include the patient) who will know more than ourselves.