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## The Role of Deferiprone in Iron Chelation

**TO THE EDITOR:** In their review article, Hider and Hoffbrand (Nov. 29 issue)<sup>1</sup> focus on iron chelation in patients with neurodegenerative diseases. However, we were disappointed that there was no mention of classic superficial siderosis of the central nervous system, one of the few progressive neurologic conditions for which iron chelation with deferiprone is currently used as a treatment.<sup>2,3</sup>

Classic superficial siderosis is characterized by hemosiderin deposits (typically in the superior cerebellar vermis, brain stem, and spinal cord)<sup>2</sup> that are easily identified on blood-sensitive magnetic resonance imaging (MRI) sequences. This condition is usually associated with the classic clinical triad of sensorineural hearing loss, ataxia, and myelopathy. The usual underlying cause of classic superficial siderosis is chronic low-volume subarachnoid hemorrhage,<sup>4</sup> which is often associated with a traumatic or postsurgical dural de-

fect. Although radiologic or surgical treatment of the source of bleeding is preferred, in patients in whom no such “leak” can be identified or repaired (or in those who cannot receive invasive treatment), iron chelation is an alternative or adjunctive option.<sup>2</sup>

Initial observational data on the use of deferiprone in patients with superficial siderosis are promising.<sup>3</sup> However, data from randomized, controlled trials on efficacy and toxic effects (including agranulocytosis)<sup>5</sup> are lacking.

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