

# Very High ESR Due to Aplastic Anaemia

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In the past I have written my experience<sup>1-5</sup> on reading of high ESR. I also wrote about the value of very high ESR in a severely anaemic patient, whose diagnosis of leukaemia was missed by the auto-analyzer machine.

I am writing this article to stress one more important cause of severe anaemia and a very high ESR.

A 51 year old lady was extensively investigated in a five star hospital for complaints of high fever, which lasted for one month and polyarthralgia for 2-3 months along with low fever, which continued off and on. Her blood test of ANA was 1+positive (later on dilution was 1:80). She also had pancytopenia and most of the other investigations were negative. She was diagnosed as a case of SLE and discharged with a prescription of tablet of hydrochloroquine and large dose of steroids.

To me, this diagnosis did not appeal in a 51 year old lady, who had no other clinical

manifestation of SLE and the ANA was only 1+ positive, which is very often normal at this age.

Since the ESR was consistently more than 120 mm and haemoglobin only 5-6 gm, I asked for an examination of bone marrow aspirate. This revealed that she had aplastic anaemia. I would like to remind you that patients having bone marrow diseases like leukaemia, myeloproliferative disorders, myelodysplastic disorders will also have a very high ESR, with a combination of severe anaemia and pancytopenia.

## References

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## DRUG-ELUTING STENTS

Two drug-eluting stents have been approved by the US Food and Drug Administration - a sirolimus-eluting stent and a paclitaxel-eluting stent. They reported that mortality was similar with both bare-metal and drug-eluting stents. However, sirolimus-eluting stents were associated with the lowest risk of myocardial infarction. The risk of late definite stent thrombosis was increased with paclitaxel-eluting stents.

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