Letter to the editor

Weissman *et al.* recently reported in the Journal of Neuro-Oncology that 30 of 59 patients with intracranial malignancy or epidural spinal cord compression had at least one steroid toxicity and 11 required hospital care for such complications. Their experience was based on review of hospital charts. This compelled me to look at my own experience with steroids in 100 consecutive patients with glioblastoma or anaplastic astrocytoma, all on varying doses of dexamethasone up to 96 mg daily, given as half with breakfast and half with dinner. Except for three individuals who had prior history of upper gastrointestinal ulcer disease, none were advised to use antacids or histamine H2 receptor antagonists. If they were on these drugs, in conjunction with surgery, they were discontinued upon discharge from the hospital or when they entered into my care.

The incidence of complications in these 100 patients was: gastrointestinal bleeding: none; insulin-requiring hyperglycemia, excluding three individuals with prior diabetes mellitus, none; infections that could not be ascribed to obvious alternative cause, such as leukopenia due to chemotherapy, none; psychosis, none; pathological fractures, two; adrenal insufficiency after withdrawal of steroid, one; problems with wound healing, such as in 16 of the 100 patients who had re-operation for their tumor, none; steroid myopathy, six.

Steriod myopathy, at six percent the most frequent of these complications, may be more interesting than generally thought by neurologists. Its onset seems to be much more abrupt, and its resolution quicker (if steroids can be reduced), than everyone seems to think. Moreover, there must be some biological basis for its occurrence in some individuals while so many others never are troubled by it. As we all know, not everyone who is given large doses of steroids becomes cushingoid. Perhaps steroid myopathy, like the occasional complete absence of cushingoid facies no matter how much steroid is given, will someday be understood at the biological level.

My point in writing this letter is not to argue with the points made in the paper of Weissman *et al.* I, too, would like to see an alternative for steroids for patients with brain tumors. But until such a wonder comes along, we should keep in perspective the benefits of this group of drugs and not be too eager to over-stress the side-effects. They will vary depending on the mix of patients; the 100 individuals I have counted are very different than those of Weissman *et al.* Nevertheless, from my point of view, dexamethasone even in industrial doses is surprisingly safe when it must be given to maintain function for patients with glioblastoma and anaplastic astrocytoma.

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Reference

Weissman DE, Dufner D, Vogel V, Abeloff MD: Corticosteroid toxicity in neuro-oncology patients. J. Neuro-Oncology 5:125–128, 1987