

LETTERS

Recognizing subclinical hyposplenism

Drs. Yoshimura and Yoon¹ give a lucid description of the potentially lethal consequences of community-acquired infection in the setting of asplenia. However, they do not highlight measures to identify those individuals who have unrecognized, subclinical hyposplenism.

The peripheral blood film (smear) may yield helpful and potentially lifesaving clues. Even in stable, asymptomatic patients, there will be evidence of Howell-Jolly bodies, acanthocytes, target cells and unexplained thrombocytosis.² The finding of these abnormalities should raise the suspicion of hyposplenism and, if confirmed, would trigger the appropriate prophylactic measures,¹ such as patient and caregiver education, vaccination or early antibiotic use.

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References

1. Yoshimura S, Yoon H-S. Invasive pneumococcal infection in a man with hyposplenism. *CMAJ* 2018;190:E1084.
2. Mohamed M. Functional hyposplenism diagnosed by blood film examination. *Blood*. 2014;124:1997.

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