

Editor's note

This journal is the third issue of year 2026 that is the 36th year of journal publishing. Many interesting topics comprise the editorial titled **Blood management in disasters and emergency situations: ensuring continuity of blood supply and transfusion services**, supported by Supattra Mitundee, Regional Blood Centre XII, Songkhla Province, Thai Red Cross Society, Songkhla, Thailand. This article may serve as a guideline for blood bank preparedness in response to various disaster scenarios that could result in blood shortages and consequently jeopardize patient safety.

As for original article, there are 2 topics as the following:

First topic: **Blood management during the 2025 Thai-Cambodian border crisis** by Siriluk Phiakhuntod, et al., Regional Blood Centre V, Nakhon Ratchasima Province, Thai Red Cross Society, Nakhon Ratchasima, Thailand. This article highlights situations that necessitate multidisciplinary collaboration in blood procurement, management, and communication, as well as the development of contingency strategies to address urgent challenges, ultimately contributing to timely lifesaving actions in emergency situations.

Second topic: **ABO-weighted estimation of screening burden based on Rh antigen distribution analysis for phenotype-matched transfusion in Thai patients with alloantibodies** by Panasya Rasuree, et al., Blood Bank, Thammasat University, Pathum Thani, Thailand. The

results of the study support the additional testing of Rh system antigens beyond RhD in blood donors, in order to enable the selection of blood with matching ABO and Rh phenotypes for patients with clinically significant antibodies in a timely manner according to patient needs, as well as to reduce the risk of alloimmunization.

Moreover, there is a literature review titled **Lectins: an important role in blood bank laboratories** by Kallaya Kerdkaewngam, National Blood Centre, Thai Red Cross Society, Bangkok, Thailand. This article is a review of lectins, many of which exhibit properties similar to antibody against red cell antigens, and can be applied in blood bank laboratory practice. For example, anti-H lectin enables the detection of H substance in saliva for the confirmation of ABO blood group status, whereas monoclonal anti-H cannot be used for this purpose.

In closing, we believe this issue offers a variety of timely and informative articles that will support the advancement of blood services and transfusion practices for the benefit of both donors and patients. We warmly invite you to share your ideas or submit your work to nbcjournal@gmail.com. Your voice could make a meaningful difference in the field of transfusion medicine and enhance patient care outcomes.

Sasitorn Bejrachandra
Editor-in-Chief

Editor's note

The third issue of the *Journal of Hematology and Transfusion Medicine* in 2026 presents a diverse and insightful collection of articles. Among them, Nachapol Jatuten and colleagues from the Division of Hematology and Oncology, Department of Pediatrics, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, report the first study on the incorporation of thrombopoietin receptor agonists into treatment of severe aplastic anemia in Thai children, titled **“Clinical outcomes of pediatric patients with severe acquired aplastic anemia treated at Siriraj Hospital.”** Hematopoietic stem cell transplantation, particularly when a matched-sibling donor is available, remains the first-line treatment for severe aplastic anemia (SAA) in children and young adults. The addition of eltrombopag (EPAG), a thrombopoietin receptor agonist, has demonstrated significantly improved hematologic responses in several multicenter randomized controlled trials and cohort studies. This study is the first to demonstrate a trend toward higher hematologic response rates and a shorter time to response when EPAG is combined with IST as a first-line treatment for SAA in Thai pediatric patients. However, these findings did not reach statistical significance, likely due to the small sample size. Nevertheless, the results support the efficacy of adding EPAG to IST in this population. Accordingly, the combination of EPAG and IST should be considered a potential new standard of care for children with SAA in setting when matched sibling donors are unavailable.

In another original article, Sarayutt Leelapeerapong and colleagues from the Department of Pediatrics, Faculty of Medicine, Thammasat University, Pathum Thani present a comprehensive study titled **“Prevalence of anemia and associated risk factors among late preterm infants, aged 6 to 12 months at Thammasat University Hospital.”** The study included 127 preterm infants with follow-up laboratory data obtained between

6 and 12 months of age. The findings revealed a high prevalence of anemia among late preterm infants, with iron deficiency anemia being the most common subtype in this population. The authors also identified factors associated with anemia. Primigravidity was associated with an increased risk, whereas higher maternal hematocrit levels and neonatal iron supplementation were identified as protective factors. These findings underscore the high burden of anemia in late preterm infants and highlight the importance of optimizing maternal hematologic status during pregnancy, as well as ensuring appropriate iron supplementation in this high-risk population.

Additionally, Gun Rojanakit from the Department of Internal Medicine at King Narai Hospital, Lopburi, presents a fascinating case report titled **“Acute Thrombocytopenia Following Alteplase in a Patient with Stroke.”** The author describes a patient with a right middle cerebral artery infarction who developed acute thrombocytopenia on day 5 after receiving alteplase. The patient was treated with intermittent platelet transfusions until the platelet count returned to normal and remained stable without further transfusion over the following three days. Other potential causes of thrombocytopenia were systematically excluded, leading to a suspected diagnosis of alteplase-induced thrombocytopenia. Although drug-induced thrombocytopenia is a rare complication of alteplase therapy and its underlying mechanism remains unclear, physicians should be aware of this potential adverse effect, as it has direct implications for patient care and may increase the risk of bleeding—particularly hemorrhagic transformation following alteplase treatment for acute ischemic stroke.

Moreover, Supamas Harintajinda and colleagues from the Chakri Naruebodindra Medical Institute, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Samut Prakan, report a rare and interesting case, titled

“Rapid reversal of severe thrombocytopenia after cessation of diazoxide in a 1.7-year-old girl with hyperinsulinemic hypoglycemia.” The authors describe a young girl with hyperinsulinemic hypoglycemia who developed severe thrombocytopenia three weeks after initiating diazoxide for the treatment of hyperinsulinism-hyperammonemia (HI/HA) syndrome. Her thrombocytopenia responded poorly to platelet transfusions. However, her platelet count returned to normal within 48 hours after discontinuation of diazoxide. This case highlights a rare but potentially life-threatening complication of diazoxide therapy in a pediatric patient with HI/HA syndrome. The rapid recovery of platelet counts following drug withdrawal further supports a reversible, immune-mediated process.

Finally, this issue includes a review article titled **“Epistaxis in children”** by Apichat Photi-A from the Division of Hematology-Oncology, Department of Pediatrics, Phramongkutklao College of Medicine and Phramongkutklao Hospital, Bangkok. The author provides a comprehensive review of current knowledge

on epistaxis, a very common bleeding condition in the pediatric population. The article highlights its prevalence, underlying etiologies, diagnostic approach and effective management strategies. It also emphasizes the need for comprehensive, multidisciplinary care, including the involvement of an otolaryngologist for specialized procedures when necessary.

We hope you find the content of this third issue of the *Journal of Hematology and Transfusion Medicine* in 2026 both insightful and engaging. If you have ongoing research or a case report to share, we warmly invite you to submit your work through our online submission system or visit our website at <https://www.tci-thaijo.org/index.php/JHematolTransfusMed/login>. For further inquiries, please contact the editorial office at somphun.t@tsh.or.th.

Noppacharn Uaprasert

Editor-in-Chief

