

Editor's note

This journal is the fourth issue of 2026, marking the 36th year of journal publication. Many interesting topics are featured in the editorial entitled **External quality assessment in immunohematology: a key component of patient safety**, supported by Associate Professor Sasitorn Bejrachandra, M.D., National Blood Centre, Thai Red Cross Society, Thailand. This issue highlights the importance of blood bank laboratories participating in this program, as it enables them to benchmark their performance against that of other participating laboratories. Such participation helps ensure that laboratory practices are performed in accordance with established standards and that test results are accurate and reliable, thereby contributing to the quality, effectiveness, and safety of transfusion practices and ultimately promoting the safety and well-being of patients receiving blood and blood components.

As for original article, there are two topics as follows:

First topic: **Predictors of waiting time for deceased donor kidney transplantation in Thailand: a competing risks analysis** by Supasiri Ounjai, et al., Department of Biostatistics, Faculty of Public Health, Mahidol University, Thailand. This study investigates the factors associated with waiting time among patients with end-stage kidney disease who undergo kidney transplantation from deceased donors. The findings of this study are beneficial for considering and improving organ allocation, as well as providing important information for further development and enhancement of the existing organ allocation system.

Second topic: **External quality assessment of blood bank laboratory in Thailand, 2024-2025** by Arida Klomkhang, et al., Division of Proficiency Testing, Department of Medical Sciences, Ministry of Public Health, Thailand. This study analyzed the results of the External Quality

Assessment (EOA) program for blood preparation and transfusion services conducted during 2024-2025. The analysis provided an overview of the performance of blood banks from a large number of participating hospitals. The findings identified areas in which blood banks should strengthen, improve, and further develop their practices to enhance the quality and safety of blood preparation and transfusion services. These improvements are essential to minimize potential risks associated with blood transfusion and to ensure the highest possible level of patient safety.

Moreover, there are three special articles, as follows:

First topic: **Iron supplementation after blood donation: adherence, challenges, and future directions** by Pim Sermsaksasithorn and Kamin Wongkijpatana, National Blood Centre, Thai Red Cross Society, Thailand. This highlights the importance of iron supplementation in blood donors to prevent iron deficiency following blood donation. All blood donors should receive iron supplementation after every donation to replenish iron stores and reduce the risk of iron deficiency. In addition, donors should be informed about the physiological importance of iron and the potential consequences of iron deficiency, thereby promoting adherence to the prescribed iron supplementation regimen after each donation.

Second topic: **Multidisciplinary hemovigilance and education program to improve recognition of suspected adverse transfusion reactions** by Sarisa Chidtrakoon, et al., Blood Bank, Thammasat University Hospital, Thailand. The article describes the implementation of a hemovigilance and education program through a multidisciplinary collaboration among various hospital departments. The program aims to monitor and detect transfusion reactions that may occur in patients following the transfusion of blood and blood components, while

simultaneously providing relevant education. In addition to hospital-based surveillance, these transfusion reactions should also be reported and incorporated into the National Hemovigilance System, operated by National Blood Centre, Thai Red Cross Society. Establishing an effective national surveillance system is essential for determining the true incidence and patterns of transfusion reactions among the Thai population. Such data are crucial for identifying potential risk factors, guiding the development of appropriate corrective and preventive measures.

Third topic: **Low-titer group O blood products (LTOBP) and freeze-dried plasma: a novel strategy for balanced hemorrhage resuscitation** by Pimol Chiewsilp and Dootchai Chaiwanichsiri, National Blood Centre, Thai Red Cross Society, Thailand. The topic is highly relevant and potentially beneficial for patients experiencing massive, life-threatening hemorrhage. Such severe bleeding can occur in a variety of settings, including civilian emergencies, trauma, disasters, and armed conflicts. The objective of this strategy is to provide timely and effective resuscitation to injured or critically ill patients who have sustained massive blood loss, particularly when conventional blood component therapy cannot be

initiated rapidly enough. The combined use of reconstituted freeze-dried plasma with red cells containing platelets provides a balanced combination of essential blood components, closely approximating the composition and therapeutic benefits of whole blood. This approach may enable rapid initiation of hemorrhage resuscitation at the point of care or during patient transfer, helping to stabilize patients and reduce the consequences of severe blood loss before they reach a facility where definitive and appropriate treatment can be provided.

As we close this issue, we hope that the articles featured here provide valuable insights, inspire new ideas, and contribute to the continued advancement of blood services and transfusion practices for the benefit of both donors and patients. We warmly welcome your ideas, perspectives, and contributions to our journal. If you have research, experiences, or insights to share, we would be delighted to hear from you at nbcjournal@gmail.com. Together, your voices and contributions can help strengthen the field of transfusion medicine and make a meaningful difference in patient care.

Sasitorn Bejrachandra

Editor-in-Chief

Editor's note

The fourth issue of the Journal of Hematology and Transfusion Medicine in 2026 presents a diverse and insightful collection of articles. Among them, Naritsara Cherdchoo from the Department of Medicine, Phichit Hospital, Phichit, and colleagues report their study entitled **"Pretreatment hyperuricemia and hypoalbuminemia as predictors of one-year mortality in diffuse large B-cell lymphoma beyond the International Prognostic Index"**. The International Prognostic Index (IPI) is a well-established and widely accepted prognostic scoring system and remains the standard tool for risk stratification in patients with newly diagnosed diffuse large B-cell lymphoma (DLBCL). Hyperuricemia and hypoalbuminemia are common laboratory findings in patients with high-risk DLBCL, particularly those with a high tumor burden. The authors demonstrated that elevated pretreatment serum uric acid and hypoalbuminemia were independent biochemical predictors of early mortality in patients with newly diagnosed DLBCL. In addition to being readily available and routinely measured in clinical practice, serum uric acid reflects tumor burden and is associated with the risk of tumor lysis syndrome, whereas serum albumin may serve as a marker of systemic inflammation, potentially reflecting cytokine-mediated immune responses associated with aggressive lymphoma. These findings suggest that serum uric acid and albumin levels may provide additional prognostic information beyond the IPI and could potentially be incorporated into clinical risk assessment to further refine risk stratification and identify patients at increased risk of early mortality.

In another original article, Punnavit Khongphithakskul from the Division of Hematology-Oncology, Department of Pediatrics, Maharat Nakhon Ratchasima Hospital, Nakhon Ratchasima, presents a comprehensive study entitled **"Clinical and molecular spectrum of inherited hemolytic anemia associated with recurrent *SPTB* variants and**

***KLF1* mutations in northeastern Thailand"**. The study included 29 children with clinically suspected inherited hemolytic anemia (IHA) and aimed to characterize the molecular spectrum of IHA and examine its correlation with clinical manifestations and hematological parameters. The authors identified recurrent *SPTB* variants, particularly the Buffalo variant, among children with suspected IHA. These variants were associated with severe hereditary pyropoikilocytosis phenotypes, including severe neonatal-onset anemia, transfusion dependence and serious perinatal complications such as hydrops fetalis. Early recognition of neonatal hemolytic anemia, hydrops fetalis, or transfusion dependence should prompt consideration of molecular testing for recurrent *SPTB* variants in this region. *KLF1*-related erythroid disorders should also be considered in patients with severe *SPTB*-negative disease or atypical clinical and hematological features.

There are two fascinating case reports published in this issue. The first, by Tatsanai Sattayaraksa and colleagues from the Division of Hematology, Department of Medicine, Faculty of Medicine, Chulalongkorn University, and King Chulalongkorn Memorial Hospital, describes an unusual and diagnostically challenging presentation of aggressive systemic mastocytosis (ASM) titled **"Aggressive systemic mastocytosis presenting as cryptogenic cirrhosis, refractory ascites and cytopenias"**. The patient, an elderly man, presented with progressive abdominal distension, early satiety and substantial unintentional weight loss and was initially diagnosed with cryptogenic cirrhosis and portal hypertension. However, the subsequent identification of atypical mast-cell infiltration in both the bone marrow and liver, with expression of tryptase, CD2 and CD30, prompted reconsideration of the underlying diagnosis. Markedly elevated serum tryptase and detection of the KIT D816V mutation ultimately confirmed ASM. This

case is particularly noteworthy because hepatic involvement by ASM can closely mimic chronic liver disease. Although uncommon, hepatic mast-cell infiltration may cause portal hypertension, refractory ascites and cytopenias, resulting in a clinical presentation that can be mistaken for cryptogenic cirrhosis. This report highlights an important diagnostic pitfall and underscores the need to consider systemic mastocytosis in patients with unexplained portal hypertension and refractory ascites, particularly when accompanied by cytopenias or an atypical clinical course. Awareness of this rare presentation may help facilitate earlier diagnosis and appropriate disease-directed management.

Additionally, Warittha Supho and colleagues from Ramadhibodi Chakri Naruebodindra Hospital, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Samut Prakan, report the successful treatment of methemoglobinemia in two pediatric patients with G6PD deficiency in a case report titled **“Successful treatment of methemoglobinemia in two boys with G6PD deficiency and favism following ascorbic acid therapy”**. Methemoglobinemia occurs when hemoglobin is oxidized to the ferric (Fe^{3+}) state, impairing its ability to transport oxygen. Although methylene blue is generally considered the first-line treatment, its use is contraindicated in patients with G6PD deficiency because it may precipitate hemolysis. The coexistence of favism and methemoglobinemia in patients with G6PD deficiency is rare and presents a particular therapeutic challenge. In this report, two boys with G6PD deficiency developed methemoglobinemia following favism and were successfully treated with ascorbic acid, administered intravenously in the first case and orally in the second, together with blood transfusion. Oxygen saturation improved rapidly following ascorbic acid administration in both patients. These cases highlight the importance of

recognizing methemoglobinemia in patients with G6PD deficiency who present with unexplained or persistent oxygen desaturation and demonstrate the potential role of ascorbic acid as a safe and effective alternative when methylene blue is contraindicated.

Finally, this issue features a comprehensive review article titled **“Light transmission aggregometry in clinical practice: current roles, challenges and future perspectives”** by Pornnapa Police from the Division of Hematology, Department of Medicine, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Bangkok. Despite being developed more than six decades ago, light transmission aggregometry (LTA) remains a standard method for assessing platelet function using a range of agonists. It continues to play an important role in the diagnosis of inherited and acquired platelet disorders, monitoring the efficacy of antiplatelet therapy, investigating platelet dysfunction in various diseases, and validating newer methods of platelet function assessment. This comprehensive review provides an up-to-date overview of the principles, interpretation, clinical applications, limitations, and future directions of LTA, highlighting its enduring relevance in contemporary platelet function testing.

We hope you find the content of this fourth and last issue of the *Journal of Hematology and Transfusion Medicine* in 2026 both insightful and engaging. If you have ongoing research or an interesting case 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 sommaphun.t@tsh.or.th.

Noppacharn Uaprasert
Editor-in-Chief