

P186. Immune Thrombocytopenic Purpura in Pregnant Women in the Amazon Region: Case Report

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INTRODUCTION: Immune Thrombocytopenic Purpura (ITP) is a disease characterized by thrombocytopenia due to destruction by the immune system itself, mediated by antibodies of the IgG class. Most of the time the disease precedes a picture of viral infection or vaccination. **OBJECTIVE** To report a case of an ITP case, accompanied at the Ary Pinheiro Base Hospital (HBAP) in Porto Velho-RO. **METHODOLOGY** The present study uses the bibliographic search framework to search for information and report this case on ITP. **CASE REPORT:** Patient M.E.N, 31 years old, G3PC2, IG 31S + 4D, from Guajará-Mirim on 04/16/17 with HD hemorrhagic dengue, admitted to HBAP CO on 04/04, complaining of arthralgia, myalgias, and allergy-like lesions in the body for 15 days. I evolved for 12 hours with diffuse petechial per trunk, MMII and MMSS, hematuria of approximately 12h. At admission, the physical examination presented REG, LOT, afebrile, anicteric, acyanotic, hypochromic (+1 \ +4), eupneic, PA: 110X70mmHg, AC: BNF, RCR, 2T without murmurs AR: MV +, without adventitious sounds Abdomen: hepatomegaly Discreet, painful palpation of the right hypochondrium. AFU: 22cm BCF: 152 DU: absent. Skin: Diffuse petechiae on the trunk and bilateral upper and lower limbs that do not disappear from digitalis. Lab tests altered Platelets: 3200. 8 bags of platelet concentrates and 03 plasma bags were requested and requested to be transferred to the ICU where Prednisone 60mg / day was started, requesting hematology evaluation by ITP hypothesis, where severe acute ITP with thrombocytopenia of less than 10,000 / mm³ was confirmed on day 04/18 and started treatment with Decadron 40mg EV run days D1-D4 and maintenance of prednisone 60mg / day. Day 21/04 hemogram with platelet count: 58,000 / mm³ where he is discharged from the ICU. Evaluation of hematology day 22/04: increase of prednisone dose to 80mg / day and exclusion of diagnoses of hemorrhagic dengue, PTT, HELLP syndrome, and hemolytic-uremic syndrome. Transferred to HBCO ward. 24/04 evolved with increased pressure levels 170/110 mmhg was given hydralazine, on 04/26, methyldopa 500mg 6 / 6hrs was initiated, evolved with fever peak of 37.8°C and dyspnea, tachypnea, tachycardia, â†“ MV on base pulmonary. Pneumology indicated NBZ and started antibiotic therapy with Ceftriaxone 2g/day while maintaining methyldopa 500mg 6/6hrs. On 04/05 USG 03/05 revealed oligodrhanium. Indicated cesarean section without intercurrents. Patient is discharged on 08/05.

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