

P191. 30 doses of platelets that saved a case of immune-thrombocytopenia

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30 doses of platelets that saved a case of immune-thrombocytopenia

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Abstract

Immune thrombocytopenia is a common acquired autoimmune disorder defined by a low platelet count secondary to accelerated platelet destruction of impaired thrombopoiesis by antiplatelet antibodies.

ITP occurs in approximately 1 to 2 of 1000 pregnant women. ITP may develop any time during pregnancy but often it is initially recognized in the first trimester, as well a being the most common cause of isolated thrombocytopenia in this period.

Objective: To determine and study a case of immune-thrombocytopenia that was saved from 30 doses of platelets.

Methodology: This study is retrospective looking back at one case.

Case: 23 year old patient with her first pregnancy, diagnosed with immune thrombocytopenia previous to the pregnancy. During pregnancy she's been monitored clinically, undergone all the lab examinations only to be hospitalized on her 36th week of pregnancy. Her thrombocyte count when hospitalized were 65 * 10(3)mm to begin with, and continued to vary from 65-20 * 10 mm(3).

On her 40th week of pregnancy the patient endures labor pain, to enter this phase with a thrombocyte count of 20*10(3)mm. The baby is delivered via C section; a baby girl that weights 3.400g x 52 cm and an APGAR score of 6,7. The delivery is followed by a profuse loss of blood and the thrombocyte count falls down to 15*10(3)mm.

Results: Management of a patient with immune thrombocytopenia should aim minimizing the bleeding complications associated with severe thrombocytopenia. The goal of the therapy is to prevent bleeding. The conclusion: Platelet transfusion may be required at time of delivery if mother is exceptionally thrombocytopenic or bleeding. The patient is reanimated and is infused with 30 doses of thrombocytes, 5 doses of blood and 4 doses of plasma.

Key words: immune-thrombocytopenia, platelets, bleeding.

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