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## STERIOD REFRACTORY CHRONIC IMMUNE THROMBOCYTOPENIC PURPURA: A CASE REPORT

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### Abstract

Idiopathic thrombocytopenic purpura (ITP) is an autoimmune disorder in which the immune system attacks and destroys its own platelet cells resulting in excessive bruising and bleeding. Steroid refractory is a case in which patients either never respond or initially respond and develop recurrence while continuing steroid treatment. This is a case of a 47-year-old male patient who was admitted on 9th October who came with the complaint of purpura in multiple areas of the body. He had seen the rash many times on his body but was ignored. An Ayurvedic doctor under whom he was under a treatment of backpain at that time took first notice at it as a result of which he was admitted in the hospital. His Peripheral smear showed severe thrombocytopenia. Platelet count was initially 12000/cumm so he was started with dexamethasone 40mg OD. On the next day his platelet count was significantly increased to 20,000/cumm. He was discharged on 11th October as his platelet count showed a gradual increase to 52,000/cumm and was found to be symptomatically better. But he again came with the same complaint on 1st November steroid refractory and was diagnosed with a Steroid Refractory case. His platelet count on the first day was 11,000. He was managed with dapsone 100 mg which is the second line given for ITP and a combination of tranexamic acid 250mg and ethsylate 250mg. As there is an improvement in the platelet count to 23,000 seen he was discharged. Only 20-30% of ITP cases fail to respond to steroids which makes this case rare.

**Keywords:** Idiopathic Thrombocytopenic Purpura, Steroid Refractory.

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## A STUDY ON THE ASSESSMENT OF THE EFFECTIVENESS OF BARICITINIB IN PATIENTS DIAGNOSED WITH RA

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### Abstract

**Background:** Rheumatoid Arthritis (RA) is a chronic systemic autoimmune disease with joint inflammation leading to loss of joint function as well as cartilage and bone damage. The aim of RA treatment is remission or reduction of disease activity. The Treatment Options are NSAIDs, glucocorticoids, cDMARDs, biologic DMARDs, biosimilar DMARDs, and targeted synthetic DMARDs. Baricitinib is an oral targeted synthetic (ts) DMARD that mainly inhibits JAK1 and JAK2 and the drug of choice in patients with inadequate response/intolerance to cDMARDs/ biological DMARDs. **OBJECTIVE:** The study was done to assess the effectiveness of Baricitinib in patients diagnosed with RA. **METHODOLOGY:** Study design: Retrospective Observational Study. Based on the inclusion criteria, all 7 RA patients receiving T. Baricitinib 4 mg OD along with other cDMARDs during the period of July 2018 to November 2019 were included in the study. Disease activity was measured based on DAS 28 score. Baseline DAS 28 was calculated and compared with the DAS 28 score after 3 months to evaluate the efficacy. **RESULT:** Baseline mean DAS 28 score was found to be 6 and after 3 months it had reduced to 2.86, which can be considered as a significant improvement in the disease activity. Four patients discontinued the therapy and the reason was found to non-availability and affordability issues as it cost around Rs 21000/- per month. **CONCLUSION:** Baricitinib was found to be an effective alternative choice of treatment of RA. However, the high cost of therapy is the major concern that reduces the patient adherence to this medication.

**Keywords:** DMARDs, Baricitinib.

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