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A CASE REPORT ON STEROID REFRACTORY IDIOPATHIC THROMBOCYTOPENIC PURPURA

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Abstract

Idiopathic thrombocytopenic purpura (ITP) is an autoimmune disorder characterized by reduced platelet count. Steroid refractory ITP does not respond to or relapse after high dose steroid treatment given to reduce the risk of bleeding. A 35 year old female patient was admitted in the emergency department with the symptoms of fever, ecchymosis, conjunctival haemorrhage, angina bullosa haemorrhage in oral cavity, and vaginal bleed. Her platelet count was found to be 15000/cumm. On the next day her platelet count dropped to 1000/cumm. Immediately she was transfused with platelets. Lupus anticoagulant test, β2-glycoprotein IgM test and cardiolipin antibody tests were normal. Peripheral smear showed no features of leukaemia. She was started with high dose dexamethasone 40mg and IV immunoglobulin 1gm/kg/day. After that her platelet count increased to 59000/cumm and was symptomatically better. On the next day she had severe headache and vomiting that necessitated to take MRI scan which showed haemorrhage in the frontal brain. Within the next few days her platelet count subsequently dropped to 5000/cumm. So a second line treatment was started with rituximab 500 mg IV once weekly for 4 weeks along with tab.eltrombopag 50 mg and tab.mycophenolate 500 mg. Diagnosis and management of steroid refractory ITP is difficult which makes this case rare.

Key words: Idiopathic thrombocytopenic purpura, steroid refractory

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A CASE REPORT ON HYDATIDIFORM MOLE (VESICULAR MOLE)

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Abstract

Molar pregnancy is a type of gestational trophoblastic disease (GTD). A Hydatidiform mole is characterised by an abnormal proliferation of trophoblastic villi, leading to the formation of a grape-like mass in the uterus. It has the potential to locally invade the uterus and metastasize. A 27 year old woman in her first trimester of pregnancy came to the hospital for routine checkup. She had a medical history of one Full Term Normal Delivery (FTND) and 3 spontaneous abortions. On USG examination of the uterus, features of complete Hydatidiform mole with multiple cystic areas that appeared like a bunch of grapes with no obvious foetal parts were noted. Moreover her Beta-Human Chorionic Gonadotropin (HCG) level was found to be elevated (116245 mIU/ml), while all other lab investigations were in the normal range. Therefore, she was initially treated with mifepristone (200 mg) and then after 48 hours misoprostol (200 mcg) was administered for inducing abortion. After expulsion of the growth, dilation and curettage was done. After which the sample collected was sent for histopathological examination (HPE) and the result was found normal. Prompt identification of patients at risk for Molar pregnancy, to initiate early USG and histopathological examinations are critical due to its rare nature and life threatening outcomes of the disease, Gestational Trophoblastic Neoplasm (GTN) being one among them.

Keywords: Hydatidiform mole, Gestational Trophoblastic Disease, Gestational Trophoblastic Neoplasm

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