

Management of Idiopathic thrombocytopenia during pregnancy

Jasovic-Siveska E, Pajakovska K, Jasovic V, Cakarovski G, Kotevska-Ilkowska B
PHO Medihelp, Bitola, FYROM

Objective

Primary ITP is an acquired immunological disorder characterised by an isolated low platelet count (thrombocytopenia) necessary for normal clotting function. It is defined as a blood peripheral platelet count of $<100 \times 10^9/l$ and the absence of any initiating or underlying cause such as antiphospholipid antibody syndrome, SLE or viral infections. Thrombocytopenia is the second most common blood disorder in pregnancy.

Methods

We presented a case of pregnant woman with ITP.

Results

A pregnant woman aged 24 years (G2P0), with a known history of ITP (10 years ago) and previous history of menorrhagia and missed abortion 1 year ago. She started the pregnancy with platelet count of 67 (first visit at 12 weeks). She was treated with corticosteroids since 27 weeks of gestation. At the time of delivery she was admitted to a tertiary institution for safe delivery. She was serially monitored with platelet count during her course of pregnancy and had an uneventful intrapartum period. She delivered a healthy female baby (3680g/52cm, APGAR Score 8/9). During hospitalization, the patient was administered platelet transfusion. The entire team of experts participated in the diagnostics, treatment and delivery of this patient. On the sixth day after delivery, both the patient and her healthy baby were discharged from the hospital.

Conclusion

We conclude that the robust diagnostic procedures, treatment, and careful surveillance resulted in the positive outcome for both the mother and the baby.

