THROMBOCYTOPENIA ASSOCIATED WITH PREGNANCY : A CASE REPORT DESCRIBING THE APPROACH AND MANAGEMENT

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INTRODUCTION

- Normal range of platelet count in pregnancy is 1.5-4.5 lacs/µl and a Platelet count below this level is termed thrombocytopenia that occurs in approximately 8-10% cases of all pregnancies.
- Around 75% of such cases are benign gestational thrombocytopenia which is usually found incidentally, mostly in 3rd trimester and resolve quickly after delivery
- According to ACOG ,counts are typically >70 000/µL and <1 lakh/µL
- In rare cases it can be <50000/uL but the condition is benign and usually there is no risk of bleeding to mother and fetus
- Pathophysiology behind this condition is accelerated platelet consumption via exaggeration of physiologic process across placenta and possibly via mild immune process.

HISTORY & EXAMINATION

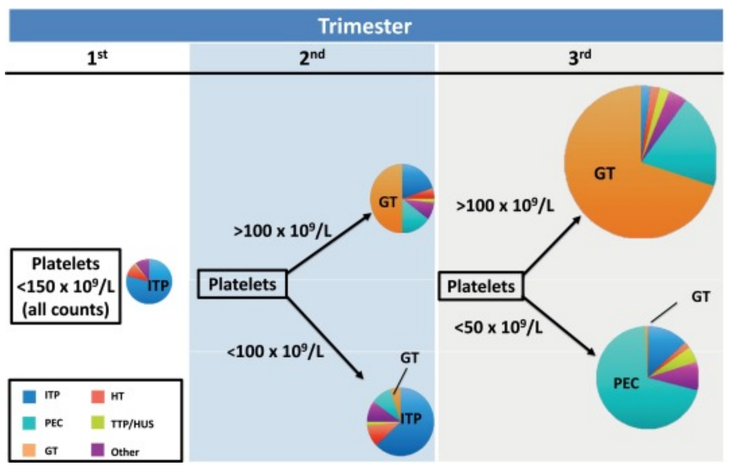
- A 27 years old G2P1L1 at 37+4 weeks period of gestation with prev 1 LSCS done 5 years back, presented with c/o pain abdomen since 2 days and decreased fetal movements since 1 day . Patient was on regular ANC follow up and on admission NST done was reactive with category 1 .
- investigations were sent suggesting thrombocytopenia with platelet count 29000/Ul with repeat test done same day suggesting counts 39000/uL.Patient previous reports done 1 month back were WNL.
- Her previous pregnancy was uneventful
- There was no history of any bleeding diasthesis previously even in present pregnancy and platelet counts done 1 month back were WNL.
- Vitals were stable and there was no significant finding on general and systemic examination.

OBSTETRIC EXAMINATION

- Per Abdomen examination: transverse lower segment transverse scar was seen with uterus corresponding to 36 weeks period of gestation ,longitudinal lie, cephalic presentation,SFH-37cm and there was no scar tenderness on examination with FHR-140bpm regular in rhythm
- PS : os was closed with no leaking
- PV-cervix was soft .posterior admitting tip of finger ,uneffaced, head was high up
- Pelvis was adequate

INVESTIGATIONS

- All ANC investigations were WNL including platelet count done 1 month back
- Platelets count done on admission suggested thrombocytopenia with count 29000/ /µL with repeat testing done same day suggesting 39000/ /µL .rest investigations including Hb was WNL.
- Peripheral blood smear findings suggested moderate thrombocytopenia with count 60000/ µL
- All coagulation profile sent including PT, aPTT, INR were WNL.D-dimer and fibrinogen levels were mildly high. Direct Coomb testing and ANA was negative RFT was WNL .LFT was WNL except mild increase in levels of AST and ALT.
- USG Obstetrics with color doppler done after admission suggested reduced PI and RI in MCA with increased diastolic flow .



CLINICAL MANAGEMENT

- Patient presented to AIIMS labour ward at 37+4 weeks gestation with c/o pain abdomen
- Emergency LSCS was done after transfusion of 2 units Random donor platelets before the surgery.
- Patient was discharged with normal postnatal care advice and was advised to follow up with repeat CBC and LFT to be done after 6 weeks
- A term alive girl baby of 4 kg was delivered by vertex
- Routine care was given to baby and was shifted to mother side.
- Blood sample taken from baby were WNL with normal platelet counts
- Repeat platelet count of patient 2 days after surgery was WNL with count 1.5 lacs/µL

CONCLUSION

- Gestational thrombocytopenia is usually a diagnosis of exclusion and no specific tests are available to distinguish it from other causes of thrombocytopenia especially ITP
- Usually platelet count is >70000/µL but if counts are < 80000/µL in pregnancy cord samples should be taken to ensure baby counts are WNL.
- Thrombocytopenia can be further classified in to mild (<1 lakh/ µL), moderate (50000-1lakh/ul) and severe (<50000/ µL).
- At delivery im injection (vit K) and elective procedures such as circumcision should be reserved until platelet counts of baby are known
- Mode of delivery is decided on basis of obstetric indication only and epidural anaesthesia should be considered if only platelet count is >80000/ and if it less then cord sample must be taken as there is increased risk of maternal bleeding complication and fetal thrombocytopenia.

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