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Thrombocytopenia in pregnancy

Thrombocytopenia in pregnancy a case report

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Thrombocytopenia or low platelet count (<1.5 lacs/UL) is second most common blood disorder in pregnancy prevailing 6.6-11.6% in 3rd trimester of pregnancy. Gestational thrombocytopenia can lead to coagulation abnormalities and can result in placental abruption and PPH. It can also be associated with episiotomy site hematoma, rectus sheath hematoma and fetal complications like still birth, IUGR, meconium stained liquor, birth asphyxia and neonatal thrombocytopenia. Its evaluation and management can be challenging as there are myriads of causes -diagnosed or undiagnosed, obstetric or non obstetric. Early detection, prompt follow up, vigilant perinatal care are indispensable to achieve a successful pregnancy outcome.

We present a case of severe thrombocytopenia first diagnosed at term gestation with fetal doppler abnormality necessitating immediate intervention. With vigilant and timely perinatal care we were able to not only avert possible dangers but also achieve successful outcome.

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