Unusual Presentation of ITP in a Young Male Patient: A Management Dilemma

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ABSTRACT

Immune thrombocytopenic purpura (ITP) is an autoimmune acquired bleeding disorder characterized by isolated thrombocytopenia with the absence of a systemic illness. The usual clinical manifestations of ITP results from increased bleeding tendency and usually include petechiae, purpura and ecchymosis that most commonly affect the upper and lower extremity. It can also be associated with spontaneous widespread hematomas if platelets count falls < 10,000 u/L.

Paradoxically, ITP has also been suggested to increase the risk of venous thromboembolism. This poses a clinical challenge especially if anticoagulation is to be initiated.

We present a case of a previously healthy 37 years old male, who presented with a history of exertional dyspnea and palpitations associated with retrosternal chest pain. CTPA revealed extensive bilateral pulmonary embolism (PE). Routine blood investigations were unremarkable apart from an isolated thrombocytopenia with a platelet count of 11,000 u/L.

Keywords: Immune Thrombocytopenic Purpura, Anticoagulation, Pulmonary Embolism

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