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TITLE: COMPREHENSIVE MONITORING AND MANAGEMENT OF CHRONIC ITP IN PREGNANCY: A MULTIDISCIPLINARY APPROACH TO ENSURE SAFE FETOMATERNAL OUTCOME.

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Introduction:

Pathophysiology: Platelet destruction by IgG autoantibodies: PAIgG, PAIgM and PAIgA, causing thrombocytopenia.
Incidence: 1-2 in 1000 pregnancies.
Management- Corticosteroids, IVIG, Immunomodulators- Azathioprine, Thrombopoietin agonists- Romiplostim (Nplate) and Eltromboplag (Promacta) and lastly splenectomy.

Objectives:

1.Explore impacts on fetomaternal outcomes.
2. Evaluate efficacy of management strategies.
3. Highlight a multidisciplinary approach and individualized care for safe delivery.

Materials and Methods:

Case: 24-year-old primigravida with chronic ITP diagnosed 1 year prior to conception, on T.Eltrombopag 25 mg OD.

Treatment during pregnancy:
T.Wysolone given (60 mg OD), Inj Methylprednisolone given (at platelet< 15,000/µL). Regular platelet count monitoring. She presented with preterm labour at 32 weeks gestation.

On examination. BP-120/80, PR-92/min, Temperature- 100 degree F. Cushing facies +, hypertrichosis +, acne +, stria +. Purpuric rashes +, no active bleeding. P/A: Uterus- 32w, FM+, FHS+R. p/v: os-1F, cervix- 90% effaced, show+, dribbling +(clear). Hb=10.8g/dl, Platelet: 10,000; TC:11900.
Management during delivery :6U RDP transfused, Vit K given prophylactically. Broad spectrum antibiotics given. Target platelet count of 50,000 achieved. Patient progressed spontaneously into labour, delivered vaginally. Baby was premature and underwent treatment for thrombocytopenia Active management of third stage of labour using Oxytocin, close monitoring for PPH.
Post delivery management: As per Hematology advise: IVIG(2 g/kg over 5 days), T. Wysolone 60mg OD (1mg/kg/day), T. Eltrombopag 25 mg OD. Monitored for bleeding and side effects of steroids. Target: To taper steroids if platelet>30,000, total steroid duration<3momth. RDP transfusion- platelet<10,000 or excessive active bleed. Breast feeding avoided while patient was on T.Eltrombopag.

Discussion:

Maternal outcome successful as bleeding, APH, stillbirth, PPH could be avoided. Neonatal Health Required SNCU management- preterm and fetal thrombocytopenia (PAIgG antibodies cross placenta). No intracranial haemorrhage seen. Mother was discharged with a healthy child.

Conclusion:

This case underscores the importance of a multidisciplinary approach in managing chronic ITP in pregnancy to ensure optimal fetomaternal outcomes.

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Reference: *Stavrou E, McCrae KR. Immune thrombocytopenia in pregnancy. Hematol Oncol Clin North Am. 2009 Dec;23(6):1299-316. doi: 10.1016/j.hoc.2009.08.005. PMID: 19932435; PMCID: PMC2784425..*

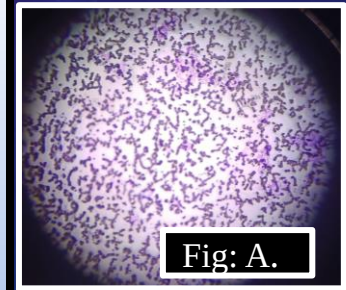
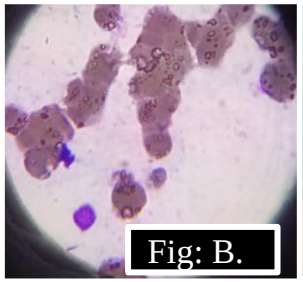


Fig: A.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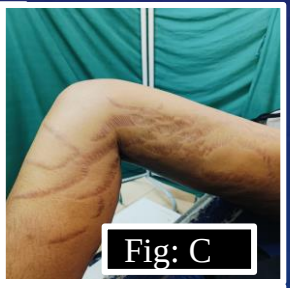
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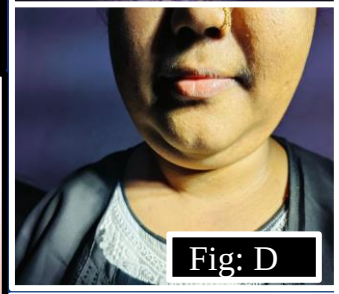
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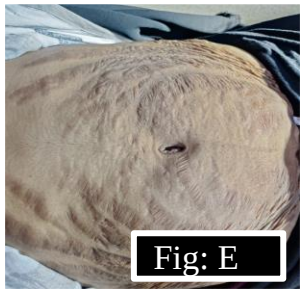
Fig: E


Fig: F

Declaration: No relevant conflict of interest involved herein.

"Wherever the art of Medicine is loved, there is also a love of Humanity. "- Hippocrates