

### INTRODUCTION

Thrombotic Thrombocytopenic Purpura (TTP) is a rare, life-threatening disorder caused by severe ADAMTS13 deficiency, leading to platelet-rich microvascular thrombi. It causes thrombocytopenia, hemolytic anemia, and organ damage.

MASCHCOWITZ SYNDROME is TTP with central nervous system involvement with a variety of symptoms like headache, focal deficits, seizures and coma

TTP remains life threatening disorder even after introduction of plasmapheresis, which reduced the mortality rate, so early diagnosis and prompt treatment could be life saving.

Pregnancy can be initiating event for TTP, with difficulty to differentiate it from more common pregnancy related disorders especially if it presents postpartum.

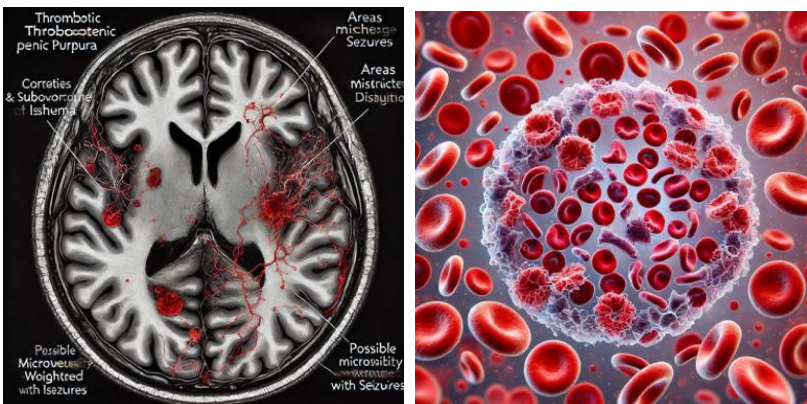
### OBJECTIVES

- To report a case of TTP presented with status epilepticus
- To emphasize the good outcome of TTP if rapidly managed based on clinical suspicion supported by lab investigations

### CASE REPORT

26 year old healthy primi gravida who developed highgrade fever, headache, weakness, 1 week after cesarean section followed by repeated attacks of generalised tonic clinic seizures

Hb 4.8g/dl, platelets 40 x103/mm3 and elevated liver enzymes and increased LDH and CT BRAIN showed diffuse Edema, blood film was positive for schistocytes the diagnosis of TTP was established plasmapheresis with fresh frozen plasma was initiated, upon which patient showed dramatic response following the second session with marked improvement of the conscious level & cessation of seizures.



### DISCUSSION

Thrombotic thrombocytopenic purpura (TTP) with seizures occurs due to microvascular thrombosis causing ischemia or infarction in the brain. Neurological symptoms like seizures often indicate severe disease, requiring urgent plasma exchange and immunosuppressive therapy to prevent permanent damage or mortality.

### CONCLUSION

TTP with seizures signals severe microvascular brain injury. Prompt diagnosis and treatment with plasma exchange and immunosuppression are crucial to prevent irreversible neurological damage and improve patient outcomes.

### REFERENCES

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2. Shrivastava M., Modi G., Singh R.K., Navaid S. Early diagnosis and management of postpartum hemolytic uremic syndrome with plasma exchange. Transfusion and Apheresis science 44 (2011); 257–262