

Secondary P.P.H. with Thrombocytopenia

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Thrombocytopenia may present with various types of gynaecological bleeding. But thrombocytopenia presenting as secondary P.P.H. is rarely reported. Here is report of a case of secondary P.P.H. with thrombocytopenia with no other rapidly discernible cause for P.P.H. which automatically stopped with correction of thrombocytopenia.

Mrs. L.H., 25 years, P₁+0, LCB-11 days ago was admitted on 5.1.98 with C/o moderate P/V bleeding with haematuria and epistaxis and with history of normal delivery at term 11 days ago in the same hospital. Her labour records and antenatal records revealed no abnormality or complication during pregnancy or labour and delivery. Three days after delivery she was discharged in good health.

On examination the patient had anaemia and normal blood pressure (112/80mmHg). There were subconjunctival haemorrhages and purpuric spots over

the tongue. Per abdomen, liver and spleen were not palpable. Uterus was also not palpable. On vaginal examination, uterus was of 10 weeks size with open Os through which clot were removed but no placental bits were felt. There was no evidence of local pelvic infection.

Investigations showed Hb% - 5 gm%, T.L.C - 9200/Cu mm; DLC - N 73%, L 19%, E 5%, M 3%, Normoblast - 4/100 WBC, B.T. - 2'30", C.T. 5'00" platelet count - 46000/cu mm.

The patient was given fresh blood transfusion 8 units in a span of 12 days during which epistaxis, haematuria and uterine bleeding gradually stopped and further purpuric spots did not appear. Anaemia was corrected and the patient's general condition improved. Repeat blood examination on 22.1.98 showed improved Hb% (9 gm%) and a platelet count of 1,40,000/Cu mm. The patient was discharged on 25.1.98.