Menorrhagia – First Presentation of Idiopathic Thrombocytopenic Purpura

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Abnormal uterine bleeding is occasionally the presenting complaint in women with underlying coagulopathies. Quantitative defects in the platelet lead to defective primary hemostasis. This leads to the prolonged bleeding time and mucocutaneous bleeding. Moreover, menstruation is known to exacerbate the idiopathic thrombocytopenic purpura (ITP). The present case depicts menorrhagia as an initial presentation of ITP and emphasises that the treatment of the underlying disorder can avoid hysterectomy.

A 43 years patient had history of abnormal menstruation 2 years ago. Her periods were regular coming monthly but used to last for 5 days with excessive bleeding per vagina and passage of clots. She hadn't paid much attention to this and continued her daily routine. One day she had fresh bleeding from mouth. Her ear, nose and throat examination by a specialist was found to be normal. After some days, she developed purpuric spots all over the chest. On detailed investigations, her platelet count was found to be 7000/cumm. Even bone biopsy revealed 50-60% cellularity with cells of all series. There was a shift towards left for myeloid and toxic granules were also present. She now had a gynaecological examination to find out any local cause of bleeding. Ultrasonography of the abdomen and pelvis was normal. Paps smear report was normal. She was diagnosed as a case of Idiopathic Thrombocytopenic Purpura and was started on oral prednisolone (60mg/day). Her platelet counts are ranging between 40,000 to 50,000/cumm for the last one and a half years. Her cycles also became regular with normal bleeding pattern. Now she is having her periods every 3 months for last six months, lasting for 5-6 days with normal bleeding. The general physical examination and bimanual pelvic examination revealed no abnormality. The platelet count was 56,000/cumm. The transvaginal ultrasonogram and PAP smear are normal.