

IDIOPATHIC THROMBOCYTOPENIC PURPURA IN TUBERCULOSIS.

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Tuberculosis (TB) is a contagious disease in both developing and developed countries. The incidence is increasing due to bacilli resistant to many drugs and the human immunodeficiency virus (HIV). Since 2012, India has the highest incidence of the disease at around 2.2 million cases, accounting for 26% of the global incidence according to World Health Organization statistics. A wide range of hematological manifestations is observed in TB, where thrombocytopenia is common in miliary TB and thrombocytosis in pulmonary TB. Immune thrombocytopenic purpura (ITP) is characterized by a low platelet count accompanied by the presence of autoantibodies. The association of immune thrombocytopenic purpura and tuberculosis is a rare condition. In the case presented, anti-tuberculosis therapy was effective for both tuberculosis and thrombocytopenia, suggesting a causal link between tuberculosis and immune thrombocytopenic purpura. Purpose: Reporting a case of association of PTI and TBC Method: Clinical case study and correlation with literature Discussion: The pathophysiology of thrombocytopenia in tuberculosis remains unanswered. This is a rare condition, estimated to occur in less than 1% of tuberculosis cases. Mycobacterium tuberculosis can break down the antigen with platelets leading to the formation of antiplatelet antibodies. HLA-specific presentation of tuberculosis may also lead to an antiplatelet immune response in some patients.

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Patient S.SH, male, age 64 years, born Korca (known endemic area for TBC) is referred by the district hematologist as suspect immune thrombocytopenia.

The patient's complaints were related to fatigue, weakness, sweating, blood in the urine, blood through saliva and black stools, which the patient had been complaining about for almost 4-5 days. Objective examination: Pale on the skin and mucous membranes with obvious signs of cutaneous hemorrhage in the form of diffuse ecchymoses and petechiae, dense, widespread throughout the body but more evident in the upper and lower bilateral extremities as well as at the level of the right hemithorax and abdomen. Patient with signs of urinary tract hemorrhage (evident in the catheter bag) as well as bleeding gums all the time.

Clear conscience, rhythmic cardiac tone with frequency 85bpm, TA = 100 / 80mmHg, attenuated respiration more expressed on the right side, Sat O2 96% under room air, soft abdomen. Treatable not dolent on palpation abdomen, without muscle protection, liver and spleen below the costal arch, no peripheral palpable lymphadenopathy.