Autoimmune Thrombocytopenia management during pregnancy

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Introduction

Thrombocytopenia during pregnancy has many causes and difficult management. One of the main etiology is Autoimmune Thrombocytopenia, It can worsen during pregnancy and produces 5-10% of severe thrombocitpenia in the neonate.

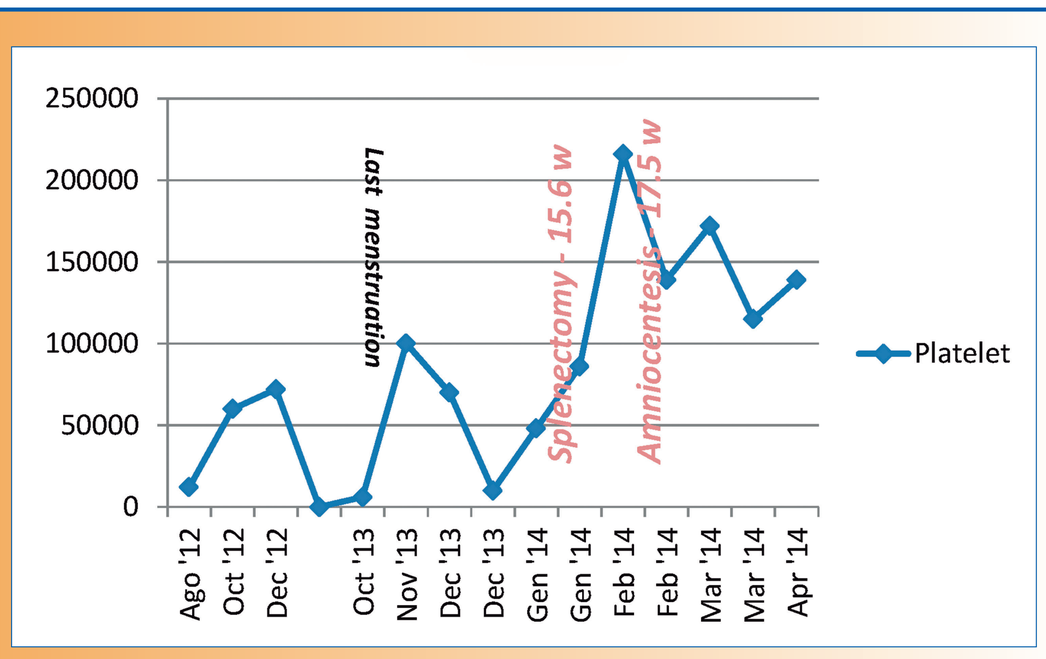
First consultation

Chinese woman, 33 years old who consulted in 2012 for bleeding diathesis, thrombocytopenia of 12000/μL was detected. Autoimmune Thrombocytopenia (AT) was confirmed by study of antibody and bone marrow aspirate.

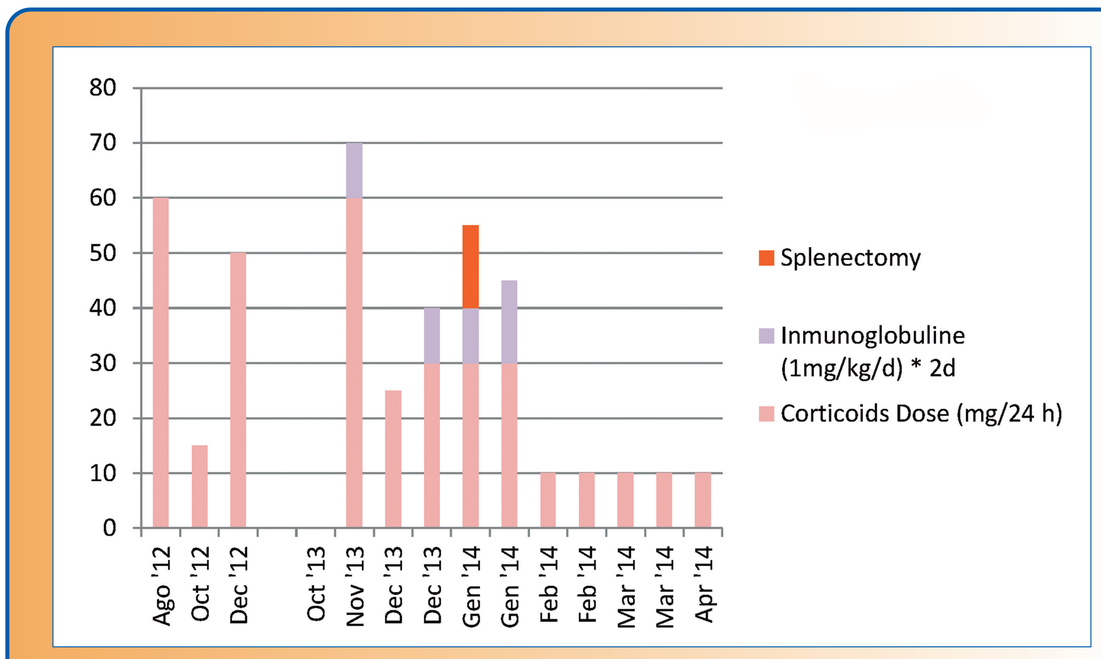
Evolution

Patient sufferedAT dependent on steroids with several relapses. The Hematologist indicated a therapeutic splenectomy in 2013 which was postponed because the patient became pregnant.
During the first quarter of pregnancy management was complex; she required combination of corticosteroids and immunoglobulin. First-trimester screening for trisomy 21 was pathological (1/205) at 13.4 weeks. Invasive test was suggested (chorionic villus sampling) and patient accepted. Technique had tobe canceled because of severe thrombocytopenia (17000/μL).

Patient needed higher inmunoglobilinedose to be controlled and, finally, became steroid resistant.
Given the risk of bleeding we decided to perform an splenectomyprior to any pregnancy invasive test. Splenectomy took place at 15.5 weeks with no complications.
Amniocentesis was performed at 17 weeks and showed a normal karyotype (46, XY).



Platelet



Treatment

Comments

In AT the risk of having an affected newborn is related with: splenectomy need, refractory Autoimmune Thrombocytopenia, platelets <50,000/μL in any determination or platelets <100,000/μL during pregnancy.(1)(2)(3).

During pregnancy AT should de distinguished from gestational thrombocytopenia, it is commonly less severe,late in onset and resolution isspontaneus.

Conclussion

It is necessary to optimize platelet count > 50,000/μL in pregnant women affected by AT in order to offer a safe delivery (vaginal or cesarean section) anr/or safe invasive procedures. For neuraxial anesthesia 75000 platelet counts required.

References

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