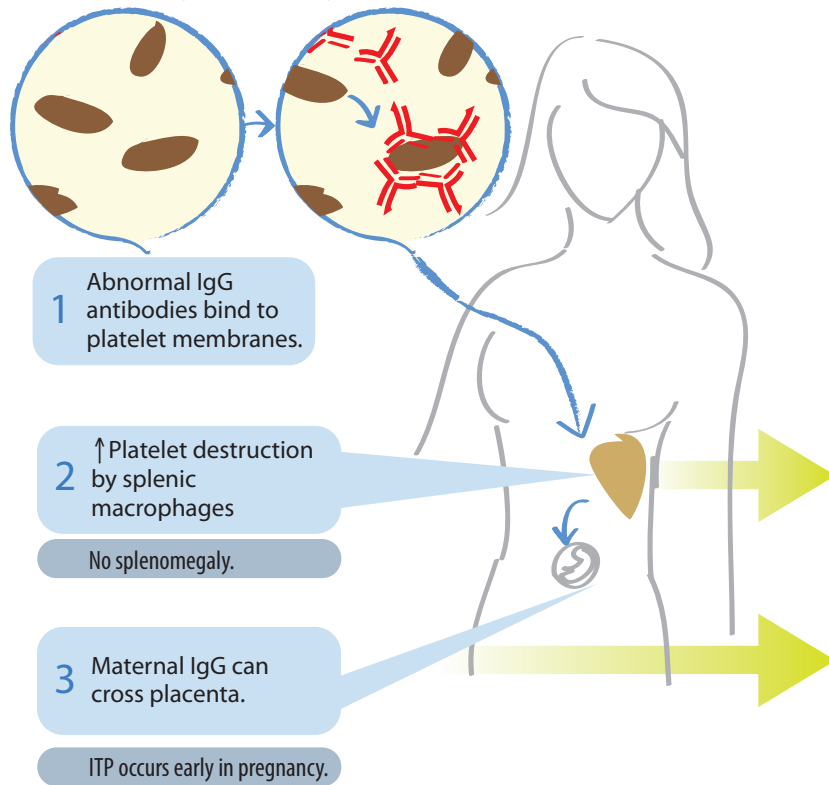


ITP in Pregnancy

Immune Thrombocytopenic Purpura

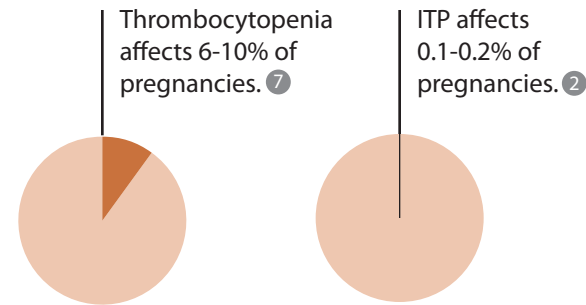
pathophysiology



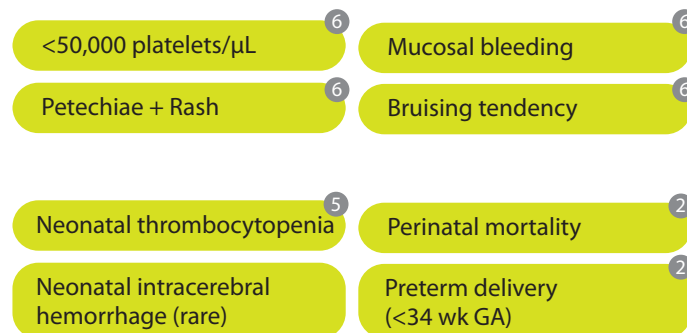
tx

1. **Prednisone** (1 mg/kg /day for 2-3 weeks, then tapered slowly) → ↓ COX → ↓ PGI₂ → ↑ platelets.
 2. **IV Immunoglobulins** (IVIG, IGIV) blocks spleen macrophage Fc receptors → ↓ splenic macrophage destruction → ↑ platelets.³
 3. Platelet transfusions
 4. **Splenectomy** (last resort, most effective) → ↑ risk of fetal death, premature labor.
 5. **Immunosuppression** (rituximab, cyclosporine, azathioprine) or **Danzanole**, an androgen that may decrease immunoglobulin levels (inconclusive effects on pregnancy).
- ▶ DON'T COUNT FETAL PLATELETS b/c no correlation w\ ITP, and risk of hemorrhage/complications with invasive fetal blood counts.
 - ▶ VAGINAL DELIVERY generally carried out b/c no good evidence that fetal outcome improved by c/s.
 - ▶ DON'T GIVE ANTIPLATELET DRUGS (e.g. aspirin, NSAIDs) to mom.

etiology



signs/symptoms



ddx

vs Gestational Thrombocytopenia⁵

Not severe; no bleeding complications; asymptomatic.
>70,000 platelets/μL.
Late in pregnancy, not early.
Infant's platelet count is normal.
Maternal platelet count returns to normal postpartum.

vs Preeclampsia⁴ page 174

Preeclampsia includes hypertension, proteinuria, oliguria.
Preeclampsia HELLP syndrome includes Hemolysis, Elevated Liver enzymes, Low Platelets.

references

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