

## CASE REPORTS

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### i. A patient who was bleeding from several sites.

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A 50 year-old Malawian woman was admitted at St Luke's Hospital because of nose bleeding, bleeding from the vagina and from the mouth since one day. She woke up the morning of admission with swelling of the mouth that was full of blood clots. She ascribed this to eating sugar cane the previous day. During the day the bleeding worsened and she went to a local health centre where she was given nystatin, ampicillin, ibuprofen and iron tablets. As there was still no improvement and the bleeding became more intense, she presented to hospital that evening.

She had been well until the previous day. The previous history revealed hypertension for which she used hydrochlorothiazide and propranolol; she was treated for malaria two weeks ago with chloroquine. She was known to be HIV positive. There had been no dental problems; she stopped having periods two years ago. There was no history of a previous episode of bleeding. She did not use any medication other than ones prescribed at the health centre.

On admission, she did not look ill; she was bleeding from the mouth, nose and vagina. There was marked swelling of the buccal mucosa with plaques of clotted blood and the oral cavity was filled with blood clots. There was no oral thrush or Kaposi's sarcoma. There were multiple ecchymoses in the skin, most marked periorbitally and around venous puncture sites (Fig 1). There was no fever, the BP was 130/90, and the heart rate was 80/min. There was no lymphadenopathy. The chest was clear; the heart was normal; the spleen was just palpable; the liver could not be felt. There were no abdominal masses. The vaginal examination was normal except for the bleeding.

#### Laboratory Results

Hb 9.0 g/dl, WBC  $12.2 \times 10^9$  /l, bleeding time: 2 min 45 sec. A blood film for malaria was negative. A platelet count could not be done.

Thin blood film: red blood cells: moderate anisocytosis, moderate polychromasia and poikilocytosis, moderate number of nucleated cells present; autoagglutination is noted. White cells: slight leucocytosis and left shift. Platelets: greatly reduced. No parasites noted.

A differential diagnosis of thrombocytopenia (immune related, idiopathic, viral, drug-related), viral haemorrhagic fever and other bleeding disorders was made.

She was given vitamin K 10 mg intramuscularly and a blood transfusion. She was started on prednisolone 40 mg once daily. The next day there was foetor ex ore with burning pain inside the mouth; stomatitis was suspected and metronidazole 400 mg tds and amoxicilline 500 mg tds were started. In the next two days there was slight improvement; the bleeding from her nose and vagina stopped, while the bleeding from the mouth continued. On the fourth day she was referred to QECH where prednisolone was continued at 60 mg per day. Blood transfusions were given

at three occasions. Laboratory tests were done as shown in the Table indicating severe thrombocytopenia and drop in haemoglobin level. In the course of the next 7 days, the bleeding stopped. She was discharged on day 16 after the start of the bleeding in good clinical condition (Fig 2); the prednisolone dose was reduced gradually from 30 mg on day of discharge to zero over the following 4 weeks. She was reviewed in clinic weekly to follow up the platelet count, which remained within normal range during the tapering of the Prednisolone dose. A CD4 count, two weeks after stopping Prednisolone was  $<200$  cells/mm<sup>3</sup>. She was started on antiretroviral treatment 9 weeks after presentation.

TABLE: Overview of laboratory results

	Day* 1	day 5	day 12	day 14	day 20
Hb (g/dL)	9.0	5.8	2.4	6.4**	8.1
TWC ( $\times 10^9$ /L)	12.2	10.7	2.9	5.0	5.8
Platelets ( $\times 10^9$ /L)	nd	2	9	8	164

\* Day after first presentation

\*\* After blood transfusions

nd not done

Legends

Figure 1.

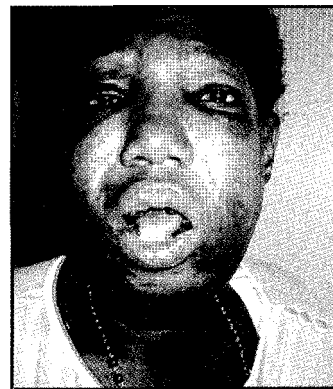


Figure 1. 1 day after admission at QECH: multiple ecchymoses periorbitally, on the cheeks and in the neck, thick blot clots are seen in the mouth

Figure 2.

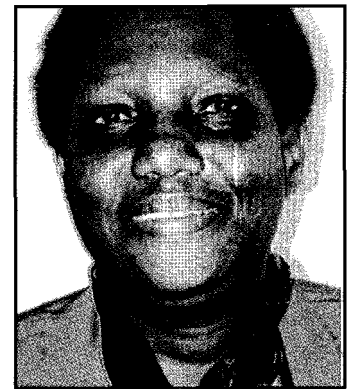


Figure 2. Same patient 2 weeks later after bleeding had stopped

(The figures are published with written permission of the patient)

What are the possible causes for this woman's thrombocytopenia?

see page 55 for discussions