**Patient**: S.R. (DOB 1989-11-15)  
**MRN**: 753942  
**Admission**: 2025-03-24 | **Discharge**: 2025-03-29  
**Physicians**: Dr. L. Morgan (Hematology), Dr. A. Williams (Rheumatology)

**DISCHARGE DIAGNOSIS**

Primary Immune Thrombocytopenia (ITP)

**DETAILED HEMATOLOGICAL DIAGNOSIS**

* **Primary**: Immune Thrombocytopenia (ITP)
* **Diagnosed**: March 24, 2025
* **Classification**: Primary ITP (no identifiable cause), newly diagnosed, severe (platelet count < 10 × 10^9/L with significant bleeding)
* **Laboratory Values**:
  + Platelet count: 4 × 10^9/L
  + Hemoglobin: 13.2 g/dL
  + WBC: 6.8 × 10^9/L with normal differential
  + Reticulocyte count: 1.2% (reference range: 0.5-2.5%)
  + Peripheral blood smear: Severe thrombocytopenia, normal RBC and WBC morphology, no schistocytes, large platelets present
* **Diagnostic Workup**:
  + Direct antiglobulin test (DAT): Negative
  + Antinuclear antibody (ANA): Negative
  + HIV, Hepatitis B and C serology: Negative
  + Pregnancy test: Negative
  + H. pylori stool antigen: Negative
  + Immunoglobulin levels: Normal
  + Thyroid function, vitamin B12, folate: Normal
  + Complement levels (C3, C4): Normal
  + PT: 12.1 seconds, INR: 1.0, aPTT: 30 seconds (all normal)
  + Imaging: No lymphadenopathy or splenomegaly
* **Clinical Presentation**:
  + Multiple petechiae on extremities and trunk
  + Mucosal bleeding: gingival bleeding, epistaxis
  + Menorrhagia
  + Symptom onset approximately 3 days prior to presentation
  + No prior history or family history of bleeding disorders

**CURRENT TREATMENT**

**First-Line Therapy**:

* **Corticosteroids**:
  + Methylprednisolone 1 mg/kg/day IV (80 mg) for 3 days (March 24-26)
  + Transitioned to prednisone 1 mg/kg/day PO (80 mg) on March 27
* **Intravenous Immunoglobulin (IVIG)**:
  + 1 g/kg/day for 2 days (March 24-25)
  + Total dose: 160 g

**Supportive Therapy**:

* Platelet transfusions: 2 units on admission due to active mucosal bleeding
* Tranexamic acid 1000 mg IV q8h for 48 hours (March 24-26)
* Ferrous sulfate 325 mg PO daily

**Response to Treatment**:

* Platelet count increased from 4 × 10^9/L to 52 × 10^9/L at discharge
* Resolution of active mucosal bleeding by day 2
* Gradual fading of petechiae
* No new bleeding events during hospitalization

**COMORBIDITIES**

* Migraine with aura (2018, controlled with sumatriptan PRN)
* Gastroesophageal reflux disease (2020)
* History of appendectomy (2012)
* Status post right ankle fracture with ORIF (2019)
* Non-severe persistent asthma (childhood onset, controlled)
* Allergies: Latex (contact dermatitis)

**HOSPITAL COURSE**

35-year-old female presented with 3-day history of progressive petechial rash, gingival bleeding, epistaxis, and unusually heavy menstrual bleeding. Initial labs showed isolated severe thrombocytopenia (platelets 4 × 10^9/L) with normal hemoglobin, WBC, and coagulation studies.

Patient received 2 units of platelets on admission for active mucosal bleeding. First-line therapy initiated with IV methylprednisolone and IVIG, along with tranexamic acid for 48 hours to control mucosal bleeding.

Comprehensive workup ruled out secondary causes of thrombocytopenia. Patient responded well with resolution of active bleeding by day 2 and progressive increase in platelet count (28 × 10^9/L on day 3, 52 × 10^9/L at discharge). IV steroids were transitioned to oral prednisone on day 3.

The patient developed mild steroid-related side effects including insomnia and mild hyperglycemia (peak glucose 140 mg/dL), which were addressed with sleep hygiene education and dietary counseling. No hypertension or mood disturbances were observed during the hospitalization. IVIG was well-tolerated with only a mild headache that resolved with acetaminophen.

Rheumatology was consulted to evaluate for potential underlying autoimmune disorders. After a comprehensive evaluation including specific autoantibody panels (anti-dsDNA, ENA panel, ANCA, anti-phospholipid antibodies), they found no evidence of an underlying autoimmune condition.

Diagnosis of primary ITP established based on severe isolated thrombocytopenia, absence of other identifiable causes, and response to ITP-specific therapy.

Patient received education on ITP pathophysiology, treatment options, expected course, potential complications, and follow-up requirements, including activity restrictions and bleeding precautions.

**DISCHARGE MEDICATIONS**

**New Medications**:

* Prednisone 80 mg PO daily for 7 days, then taper:
  + 60 mg daily for 7 days
  + 40 mg daily for 7 days
  + 30 mg daily for 7 days
  + 20 mg daily for 7 days
  + 10 mg daily for 7 days
  + 5 mg daily for 7 days, then discontinue
* Atovaquone 1500mg PO daily (while on steroids)
* Calcium carbonate 600 mg + Vitamin D 400 IU PO BID
* Ferrous sulfate 325 mg PO daily

**Chronic Medications**:

* Montelukast 10 mg PO daily
* Fluticasone/salmeterol 100/50 mcg inhaler, 1 puff BID
* Sumatriptan 50 mg PO PRN for migraine (max 2 doses/24h)
* Omeprazole 40 mg PO daily (increased while on steroids)
* Albuterol inhaler 2 puffs Q4H PRN

**Medications to Avoid**:

* NSAIDs (ibuprofen, naproxen, aspirin)
* Antiplatelet agents
* Anticoagulants
* Intramuscular injections

**FOLLOW-UP PLAN**

**Hematology**:

* Dr. L. Morgan in 1 week (April 7, 2025)
* CBC twice weekly for 2 weeks, then weekly until stable
* Call or seek immediate medical attention for any signs of bleeding

**Monitoring**:

* Monitor for steroid-related complications (hyperglycemia, hypertension, mood changes, insomnia)
* Check blood glucose weekly while on high-dose steroids
* Monitor blood pressure at home if possible

**Activity Restrictions**:

* Avoid contact sports and high-risk activities until platelets >50 × 10^9/L
* Avoid competitive sports until platelets >100 × 10^9/L
* May resume normal daily activities as tolerated
* Avoid tooth flossing and use soft toothbrush while platelets <50 × 10^9/L

**Long-term Planning**:

* If no sustained response to first-line therapy, consider:
  + Thrombopoietin receptor agonists (TPO-RAs)
  + Rituximab
  + Splenectomy
* Need for long-term monitoring due to risk of relapse

**KEY LAB VALUES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parameter** | **Admission** | **Day 3** | **Discharge** | **Reference** |
| Platelets | 4 | 28 | 52 | 150-400 × 10^9/L |
| Hemoglobin | 13.2 | 12.8 | 12.9 | 12.0-16.0 g/dL |
| WBC | 6.8 | 10.2 | 11.5 | 4.0-11.0 × 10^9/L |
| Neutrophils | 65 | 75 | 80 | 40-70% |
| Lymphocytes | 28 | 20 | 15 | 20-40% |
| Glucose | 95 | 140 | 135 | 70-100 mg/dL |

**Electronically Signed**:  
Dr. L. Morgan (Hematology)  
Dr. A. Williams (Rheumatology)  
Date: 2025-03-29