IDIOPATHIC THROMBOCYTOPENIC PURPURA IN PREGNANCY

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Abstract

The article shows the results of 12 pregnant women with a complication of idiopathic thrombocytopenic purpura in the form of hemorrhagic syndrome. Their clinic, diagnosis, conservative and surgical treatment.Traditional and inhalation injection of glucocorticoid hormones, as well as intravenous injection of immunoglobulin in 75% of patients had positive effect and remission was obtained on days 3-4. If the conservative treatment was ineffective, surgeries were performed splenectomy (SE), and uterine bleeding stopped on 2-3 days and platelets increased to 210 thousand. During pregnancy, patients with idiopathic thrombocytopenic purpura (ITP), complicated by hemorrhagic syndrome, conservative and surgical treatment in 100% of cases performed a positive effect.

Keywords: immune thrombocytopenia, pregnancy, delivery.

Purpose of the Study

Development of tactics for the treatment of pregnant women with ITP hemorrhagic syndrome. The following tasks were set: To substantiate the tactics of treatment for bleeding in pregnant women with ITP; To substantiate indications for emergency splenectomy in pregnant women.

Materials and methods.We studied 69 adult female hematological patients diagnosed with ITP, aged 19-35 years, who were in the Department of Surgical Hematology of the Research Institute of Hematology and Blood Transfusion, and in the maternity wards of other clinics. Of these, \2 (\1.4% ") were pregnant women: with an acute form 5 (41.7%), a chronic form 7 (58.3%). In the first trimester of pregnancy there were 5 (41.7%) patients women In the second trimester 4 (33.3%) sick women.In the third trimester there were 3 (25.0%) sick women. 2 women with an acute form, and 5 with a chronic form had skin hemorrhagic signs, and in the blood test platelets up to 30 thousand. 5 (41.7%) pregnant women with ITP at various times were admitted with uterine bleeding. In the blood test, platelets were from one to 20 thousand: of them with an acute form in 3 (60.0%) pregnant women, the only symptom was uterine bleeding, and the rest had skin ecchymosis, petechiae and other hemorrhagic manifestations. One of them was admitted with a complication - cerebral hemorrhage. In 2 (40.0%) pregnant women with a chronic form, skin ecchymosis and uterine bleeding were noted, blood tests showed platelets from one to 20 thousand.At admission, all patients had pallor of the skin and mucous membranes, anemia of varying degrees in the general blood test. In 7 (58.3%) pregnant women: posthemorrhagic anemia in 3 (42.9%) mild, 3 (42.9%) moderate and 1 (14.2%) severe. In all cases, thrombocytopenia ranged from one to 20.0 *109/l - 30.0 *109/l. In coagulograms - hypocoagulation, bleeding time, thrombin time are prolonged, plasma tolerance to heparin is reduced, blood clot retraction is reduced. To clarify the diagnosis in pregnant women with an acute form, blood was taken for a myelogram under anesthesia.In the myelogram, the number of megakaryocytes is normal or increased. In biochemical analyzes without any significant changes. In all cases, the lymph nodes were not palpated, there was no hepatosplenomegaly. According to the ultrasound data, in all patients the fetus developed according to the gestational age, signs of intrauterine suffering of the fetus were detected in the form of hypoxia in 6 pregnant women. The duration of the disease with the chronic form of ITP ranged from 8 months to 5 years, and during this period, patients received treatment from 1 to 5 or more times.

Results of the research. Out of 12 pregnant women with ITP, 5 with an acute form: after conservative treatment with corticosteroids, three pregnant women received a clinical and clinical-hematological effect, platelets increased from 120 to 218 thousand on days 3-4. In two patients with uterine bleeding, conservative treatment did not give any effect; after hysterectomy, splenectomy was performed and a clinical effect was obtained at 36-37 and 37-38 weeks of pregnancy. Platelets increased from 50,000 to 120,000 on days 2-3 and the bleeding stopped.

A patient with an acute form of cerebral hemorrhage after splenectomy with 38 thousand platelets received intravenous immunoglobulin, on the 3rd day the platelets rose to 210 thousand and a clinical and hematological effect was obtained, with a final stop of hemorrhagic signs, and additionally received treatment from a neuropathologist.Of the 7 pregnant women

with chronic ITP, two with uterine bleeding: one pregnant woman at 23-24 weeks after conservative treatment including corticosteroids, platelets rose to 180 thousand and a clinical and hematological effect was obtained. In another pregnant woman with a period of 37-38 weeks, after conservative treatment, uterine bleeding continued and after a cesarean section a splenectomy was performed, platelets rose to 120 thousand on days 2-3 and a clinical effect was obtained with a final stop of hemorrhagic signs.

Three pregnant women with a chronic form received IVIG and a clinical and clinical-hematological effect was obtained. In two pregnant women who received GCS hormones in the form of inhalation for 5 days, platelets rose from 160 to 180.0 thousand on days 3-4. During pregnancy, any form of pathology accompanied by thrombocytopenia may develop. Given the lack of a single confirmatory test for ITP, at the stage of diagnosing newly diagnosed thrombocytopenia in pregnant women, it is important first of all to exclude life-threatening complications that require urgent therapeutic or surgical measures.Pregnancy in patients with ITP is not contraindicated, but should proceed in a state of clinical compensation of ITP (absence of hemorrhagic syndrome and platelet count of at least 50.0 * 109/l), achieved at previous stages of therapy. With ITP, pregnancy cannot be terminated without obstetric indications only because of thrombocytopenia and hemorrhagic syndrome. All women with ITP should be under joint supervision of a hematologist and gynecologist, and before delivery - by an obstetrician and anesthetist.

In the process of observation, the obstetric status comes to the fore, then the state of the pregnant woman - hemorrhagic syndrome, platelet count. The frequency of dynamic observation of a pregnant woman with thrombocytopenia is determined by the clinical condition of the patient and increases with the duration of pregnancy. With ITP in the I and II trimesters of pregnancy, the frequency of observation by a gynecologist and monitoring of blood parameters is 1 time per month, after 28 weeks - 1 time in 2 weeks, and after 36 weeks. pregnancy weekly. In the case of pregnancy in women with ITP in remission or clinical compensation, only dynamic monitoring should be carried out.Women with severe, resistant ITP need treatment before pregnancy and planning for its onset during remission or clinical and hematological compensation.

Conclusion Thus: patients with ITP with profuse uterine bleeding with the ineffectiveness of conservative therapy for 3-4 days are indicated for emergency splenectomy, as well as patients with ITP with intracranial hemorrhage with severe hemorrhagic syndrome. Postponing the operation, the disease leads to death. During pregnancy, splenectomy can be performed at any time, however, it is preferable to perform it in the first trimester of pregnancy or after childbirth, since the operation is accompanied by a high rate of preterm birth and fetal death.

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