

Relapsing TTP presenting with splenic infarction: case report

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Introduction:

Thrombotic thrombocytopenic purpura (TTP) is a rare, life-threatening disease. It is a type of microangiopathic disease that typically presents with fever, hemolytic anemia, thrombocytopenia, CNS and renal manifestations.

Keywords: Thrombotic thrombocytopenic purpura, spleen, infarction

Case presentation:

We present a case of a 55-year-old woman with a history of thrombotic thrombocytopenic purpura (TTP) who complained of right upper quadrant pain. A CT scan of the abdomen showed a wedge-shaped splenic infarction, leading to the initiation of low molecular weight heparin treatment. However, the next day, the patient's condition significantly worsened. Her platelet count dropped by more than 50%, while lactate dehydrogenase (LDH) and haptoglobin levels were elevated. Based on these clinical findings, a presumptive TTP flare-up was diagnosed. The medical team promptly started plasmapheresis treatment. After four sessions, the patient's platelet count returned to normal levels, and she was discharged with a regimen of steroids and direct oral anticoagulation. The diagnosis was further confirmed by laboratory tests showing incredibly low ADAMTS13 activity and the presence of a positive inhibitor. As a result, the patient began rituximab therapy. After completing the rituximab treatment course, the patient's ADAMTS13 activity significantly improved, reaching 54% after three months.

Conclusion:

This case emphasizes the importance of considering TTP as a potential diagnosis in patients with a history of the disorder, even if their symptoms do not match the classic pentad. Prompt identification of this atypical presentation allowed for timely administration of the proper treatment, ultimately leading to a positive outcome.