AICOG 2025
Mumbai
67th All India Congress of Obstetrics & Gynaecology
FOGSI celebrates 75 years – Diamond Jubliee
8-12 January, 2025 | JIO World Convention Centre

Poster Number: EP 212 Name: Dr Harshita Tanwar

Navigating Chronic ITP in Pregnancy: A Case of Resilient Management and Successful Outcomes

Harshita Tanwar, Anubhuti Rana, Anju Singh, Archana Kumari, Swati Tomar
Reeta Mahey, Garima Kachhawa, JB Sharma
Department of Obstetrics and Gynaecology, AIIMS, New Delhi

Introduction

- Chronic immune thrombocytopenia (ITP) - Rare autoimmune disorder
- Involves a reduction in platelet counts, primarily caused by increased platelet destruction and impaired production [1].
- Results from autoantibodies- target platelets - premature clearance from the circulation.
- In pregnancy- management presents unique challenges.
- Physiological changes - increased plasma volume and hemodilution - further exacerbate thrombocytopenia.

Aims & Objectives

To highlight the clinical challenges and therapeutic strategies for managing chronic ITP in pregnancy, focusing on platelet optimization, minimizing bleeding risks, and ensuring optimal maternal and fetal outcomes through a multidisciplinary approach.

Case Report

29 years old G2A1 k/c/o Chronic ITP Diagnosed on **Bone marrow biopsy**

Presented at **28 weeks** POG with nasal bleeding and platelet count of 10,000

Maternal Monitoring

- BP, Fundal height, tone, bleeding pv
- Weekly platelet monitoring
- Haematology collaboration

Fetal Monitoring

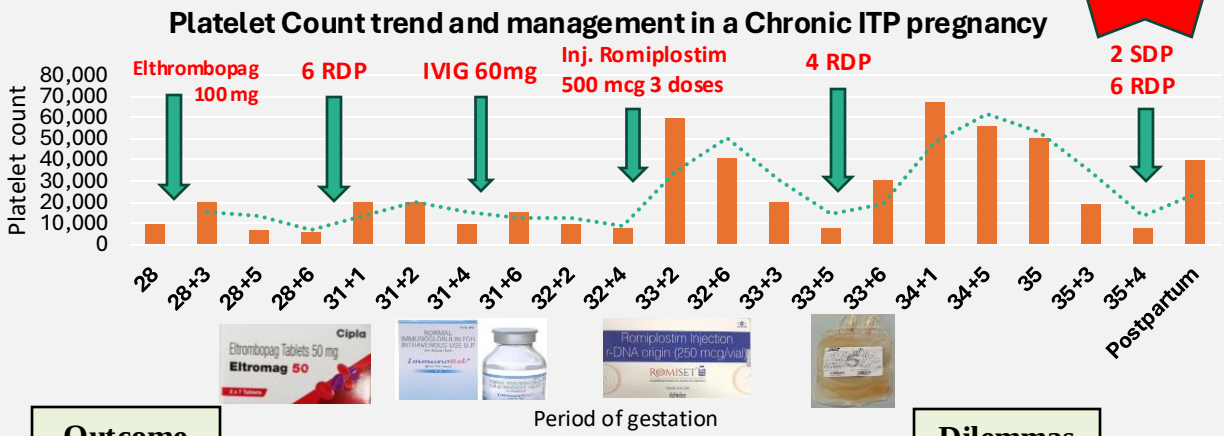
- DFMC
- 2 Weekly NST/Manning
- Growth parameters 2-3 weekly

Treatment

Prepregnancy	• Tab Elthrombopag 50 mg OD
In Pregnancy	• Tab Azathioprine 100 mg OD
Falling trend	• Tab Prednisolone 80mg OD then tapered
Platelet count <20,000	• IVIG 1gm/kg OD x 2 days
Dose increased	• Tab Elthrombopag dose 100mg OD
Acute events	• Platelet transfusions
Non response	• Inj Romiplostim 500 mcg x 3 doses

Discussion

TOTAL
16 RDP
2 SDP



Outcome

Emergency preterm LSCS
Under Spinal anesthesia
At POG:35+4 weeks

Indication: Non reassuring NST

2 SDP + 6 RDP

Intraoperative : No PPH, Uneventful

No Neonatal thrombocytopenia

Dilemmas

1. Therapeutic Resistance to first line treatments requiring treatment escalation, complicating management.
2. Emergency cesarean with 8000 platelet count requiring careful planning of Blood and Blood products to minimize PPH.

Conclusions

Chronic ITP in pregnancy necessitates vigilant monitoring, personalized treatment, and multidisciplinary care to manage thrombocytopenia and bleeding risks. Tailored pharmacotherapy and perioperative platelet optimization are crucial for favorable maternal and fetal outcomes.

References

1.Rodeghiero F et al. Standardization of terminology, definitions, and outcome criteria in immune thrombocytopenic purpura of adults and children: report from an international working group. 2009
2.Neunert C, Terrell DR, Arnold DM, et al. American Society of Hematology 2019 guidelines for immune thrombocytopenia. Blood Adv. 2019