

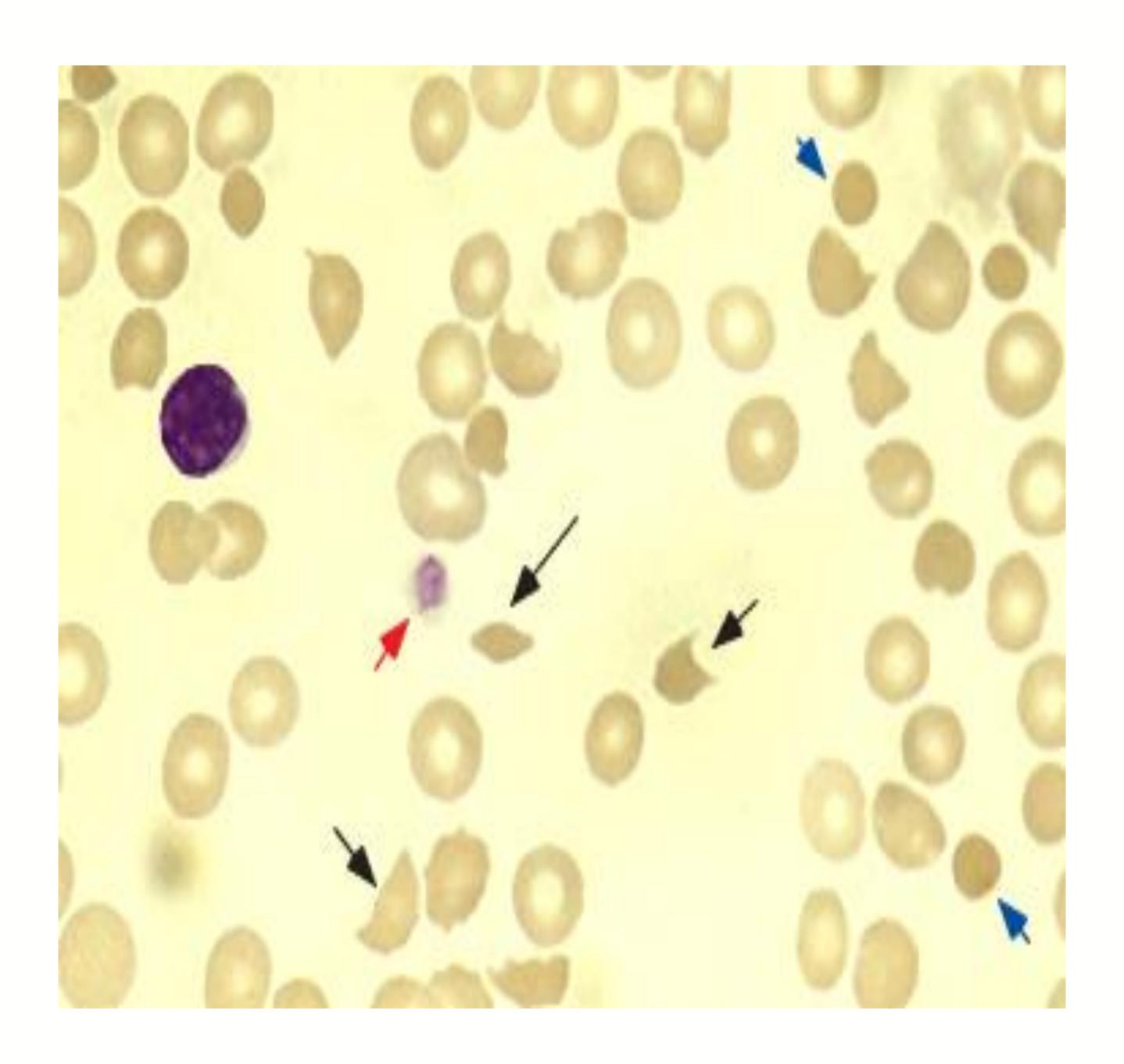
Introduction

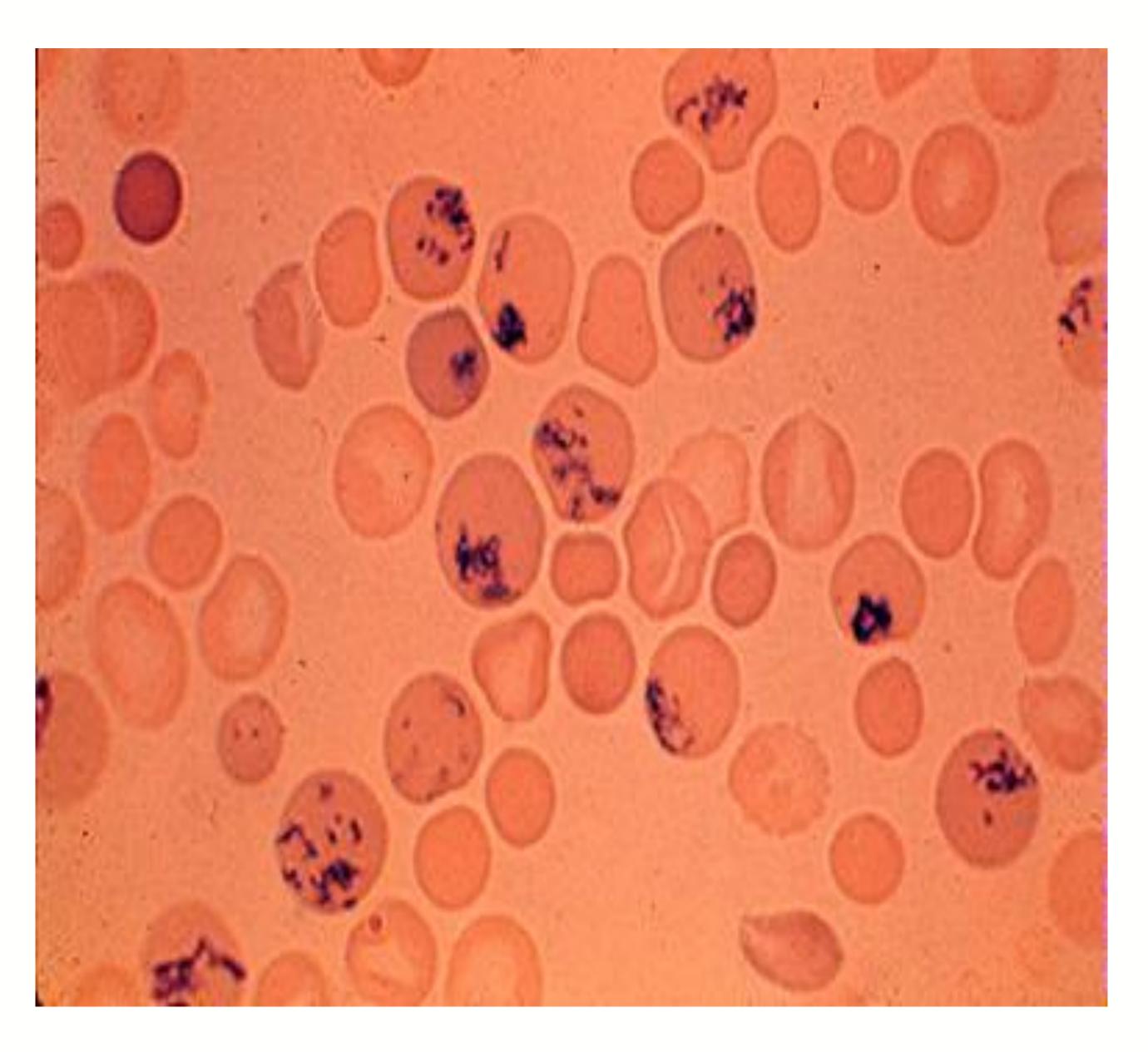
- Thrombotic thrombocytopenia purpura (TTP) is characterized by a pentad of fever, microangiopathic hemolytic anemia, thrombocytopenia, neurologic symptoms, and renal failure.
- To establish a diagnosis, only thrombocytopenia and microangiopathic hemolytic anemia are required.
- We present a rare case of a TTP without anemia but with clear cut microangiopathic hemolysis and thrombocytopenia.

Case Presentation

- A 32-year-old female with no significant past medical history except for polycystic ovary presented on a Friday afternoon with sore throat, headache, and low grade fever.
- The physical examination and the rest of her labs were within normal range except for thrombocytopenia with platelets of 46,000 per µL and mild macrocytosis (MCV -99) without anemia.
- The hemoglobin was normal at 12.4 gm/dl. The rest of the labs were drawn and she was asked to follow-up on Monday as immune thrombocytopenia was felt to be the most likely diagnosis.
- On Monday, the labs showed schistocytes on peripheral smear, reticulocytosis, and elevated LDH, consistent with TTP. By then, the patient had developed neurologic symptoms manifested by slurred speech.

Thrombotic Thrombocytopenia Purpura Without Anemia: An Unusual Presentation Aisha Aman, MD, Nassim Nabbout, MD, FACP





Reticulocytes*

References

* Rosenthal DS. Evaluation of the peripheral blood smear. May 2011. http://uptodate.com/.

- macrocytosis.
- anemia.
- full recovery.

Schistocytes*

Cuttner J. Thrombotic thrombocytopenic purpura: a ten year experience. Blood 1980; 56:302-306.

Amorosi EL, Ultmann JE. Thrombocytopenic purpura: report of 16 cases and literature review. Medicine 1966: 45:139-159.

Discussion

Since the patient was young, her bone marrow responded very well, and she developed adequate reticulocytosis that masked the anemia and resulted in

This case of TTP was unusual because it presented with macrocytosis without any

She received plasmapheresis and achieved

Conclusion

Microangiopathic hemolysis and thrombocytopenia should lead to prompt consideration of TTP regardless of initial hemoglobin level, as anemia may not be present until TTP evolves.

