8/18/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: Mahnoor **Case Discussants**: Ravi & John

https://clinicalproblemsolving.com/present-a-case/

Scribing (Varsha & Lera):

CC: 68 Y/F presented to the ED with **sudden** onset severe right sided **epistaxis** lasting for 1 hour, associated with **easy bruising**

HPI: Bleeding was significantly heavier and longer-lasting than previous episodes. Denied trauma, recent infections, anticoagulant or antiplatelet use, fever, weight loss, hematuria, melena, or other mucosal bleeding. Denied any previous history of prolonged bleeding, clotting disorders, or autoimmune disease.

ROS: **Positive** - bruising and epistaxis. **Negative** - fever, chills, cough, chest pain, dyspnea, abdominal pain, hematuria, melena, weakness, dizziness, or focal neurological deficits at presentation.

PMH:
T2DM
Early steatohepatitis
Hypertension
Generalized anxiety disorder

Meds:
Atenolol
Metformin
Alprazolam
Omeprazole
Diclofenac topical gel

Fam Hx: none, daughter with RA and breast Ca

Social Hx: —

Health-Related Behaviors: —

Allergies: aspirin

Vitals: T: nl **HR**: 93 **BP**: 170/70 **RR**: 18 **Sat**: 99% on RA
Exam: Gen: AO x 4, no acute distress
HEENT: dry blood in R nostril
CV, **Pulm**, **Abd**, **Neuro**: nl
Extremities/skin: purpura all over the body, no petechiae

Notable Labs & Imaging:
Hematology: **WBC**: 6.68 **Hgb**: 13 **Plt**: 4
Chemistry: Cr: 0.8 Glu: 279 **AST**: 73 **ALT**: 53 ALP: 128
LDH: mildly high
EKG: sinus rhythm, no ischemic changes

Hemolysis workup: neg **Fibrinogen:** nl **Coags:** nl
TSH, free T4: nl
Smear: giant plt, no schistocytes
Abdominal US: suggestive of hepatic steatosis, mild extrahepatic bile duct dilation, no splenomegaly

-> plt transfused [-> peaked at 171 -> declined again + epistaxis]
-> IVIG and prednisolone started, PJP prophylaxis initiated

Final Dx: ITP

Problem Representation: 68 y/o lady with recurrent epistaxis and easy bruising. Found to have isolated deep thrombocytopenia consistent with ITP responsive to steroids and IVIG treatment.

Teaching Points (Mitch)

- Immediate treatment (stop the bleeding!) + Diagnostic:
  - Trauma, amount/function of platelets, coagulation cascade, vessel injury/anatomic abnormality
- **Easy Bruising: Fault in the Vascular System**
  - Vitamin C, Amyloidosis, Vasculitis, Plasma Cell disorders, Platelets, and Coagulation —> Investigate amount and function of Plts
- **Severely Low Platelets:**
  - Increased risk of spontaneous GI/CNS bleeds
  - Plts <10: ITP, TTP, Leukemia → Blood Smear
  - Low Platelets? 1) Not Making 2) Storing Elsewhere 3) Destroying
  - ITP triggers: Hepatitis, HIV, EBV, CMV, heme malig., autoimmune
- **Lab Analysis:**
  - Hemolytic destruction less likely → MAHA + Kidney injury absent
  - Giant Platelets: Bone marrow is trying to compensate. Normal HgB + WBC + smear less likely bone marrow cause
- **ITP:** Response to transfusion is rare!
  - Primary: Idiopathic Cause (80%)
  - Secondary: Underlying Cause (20%)
    - Viral, Autoimmune, Lymphoproliferative, Drug-induced