

## Acute ITP presenting as gingival bleeding

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### ABSTRACT

The report is an interesting case of ITP which lead to continuous intermittent bleeding from gingival sulcus of right lower back teeth with multiple petechiae and ecchymosis of chest, upper – lower extremities, lips and buccal mucosa. A complete hemogram revealed Thrombocytopenia with platelet count as low as 22,000/mm<sup>3</sup>. The patient was immediately hospitalized and administered platelet replacement and medication. Signs such as generalized spontaneous gingival bleeding or the presence of petechiae and hematomas on body leads to suspicion of altered coagulation or bleeding disorder. This emphasizes the significance of clinical examination, early diagnosis and referral of such patients to specialized centers for prompt treatment.

**Keywords:** *Purpura, Petechiae, Thrombocytopenia*

### INTRODUCTION

Idiopathic thrombocytopenic purpura (ITP) is a hematological disorder characterized by the markedly decreased number of circulating blood platelets (thrombocytopenia) below 40,000/mm<sup>3</sup> in contrast to normal count of 150,000–400,000/mm<sup>3</sup>.<sup>1</sup> The word purpura refers to reddish to purple flat lesions caused by blood from the vessels leaking into the subcutaneous tissue.<sup>2</sup> These disorders are characterized by peripheral thrombocytopenia with normal number of megakaryocytes with absence of clinical splenomegaly. There are two forms of ITP<sup>3</sup> (Table 1). Acute thrombocytopenic purpura is commonly seen in young children (2–9 years of age). The symptom may follow a viral illness, vaccination or an insect bite. The disease is classified as chronic if platelet count does not stabilize within period of six months and is mostly seen in adults.<sup>4</sup> The present report is a case of acute ITP that was triggered following viral infection.

### CASE REPORT

A nine year old male patient presented with chief complaint of continuous bleeding from the gums of the right lower back teeth region since 1 day. History revealed the bleeding was spontaneous, mild and continuous with no aggravating and relieving factors present. Patient also noticed bluish colored multiple spots on the shoulder, chest, forearm and the legs since last night. These were initially pin point then gradually increased in size. Patient also noticed blood in urine since last night which appeared to be mixed throughout the process of micturition. Urine was normal in flow and frequency with no pain and difficulty present. History revealed common cold with fever since 3 days. The fever was moderate and intermittent in type but now patient had apparently recovered from the fever. There was no history of any bleeding problem till then and the medical, surgical and family histories were noncontributory.

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Received: 23.10.2011; Accepted: 9.4.2012

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doi: 10.1016/j.ijd.2012.04.003

**Table 1** Features of acute and chronic type of ITP.

Feature	Acute	Chronic
Incidence	2–6 yr	20–40 yr
Sex distribution	1:1	3:1
Antecedent infection	Common	Unusual
Onset	Abrupt	Insidious
Hemorrhagic areas	Present	Absent
Intracranial hemorrhage	Rare <1%	Common
Platelet count	<20,000/ $\mu$ l	30,000–80,000/ $\mu$ l
Eosinophilia	Common	Rare
Duration	2–6 wk	Months-year
H/o fever & spleen enlargement	Common	Rare
Spontaneous remission	80% cases	Uncommon

A general physical examination revealed that patient was moderately built and nourished for the age and vital signs were normal with absence of hepatosplenomegaly and lymphadenopathy. There were multiple petechiae with areas of ecchymosis distributed throughout the chest, right shoulder region, left infraclavicular region, flexor surface of left upper limb, front of shin region of both legs, extensor surface of right fore-foot and left hind foot (Figs. 1–4). On extra oral examination blood tinged saliva was evident with petechiae present on right side of philtrum and center of lower lip. On intraoral examination continuous fresh bleeding was present from the sulcular region of lingual aspect of 46. On right buccal mucosa ecchymosis was present at occlusal plane of molars extending 1 cm ahead of retromolar pad area (Fig. 5). On left buccal mucosa

**Fig. 1** Multiple petechiae and areas of ecchymoses distributed throughout the chest.**Fig. 2** Multiple petechiae and areas of ecchymoses distributed over left infraclavicular and shoulder region.

multiple petechiae were present. This purpura did not blanch on pressure. On chair side investigations Tourniquet test was positive. On basis of history & clinical examination, Acute Idiopathic Thrombocytopaenic Purpura was put forth as provisional diagnosis. Various differential diagnosis such as Acute leukemia, Chronic liver disease, Dengue hemorrhagic fever, typhoid, Henoch schonlein purpura and Thrombotic thrombocytopenia were put forth.

Patient was given pressure pack with tranexamic acid (Topical hemostat) and referred for blood investigations. A complete hemogram revealed severe thrombocytopenia with platelet count as low as 22,000/ $\text{mm}^3$ . Bleeding time

**Fig. 3** Ecchymotic spot on the arm.

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