

Thrombotic Thrombocytopenic Purpura (TTP)

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Attempt to Identify TTP in
the Emergency Room

Because TTP is a rare disease, it is not being diagnosed correctly through the routine examinations that are conducted in the ER. In the case of TTP, early detection of the disease and appropriate and immediate treatment (plasmaphoresis), results in a significant improvement in the prognosis. Hence, we should be diligent and take TTP into account as part of our regular routine.

Following is a brief description of two cases.

1. A fifty-year-old man of Arab extraction was brought to the ER because of confusion and fainting. On the previous day he felt weakness in the left part of his body. The weakness disappeared after a while. In the ER the patient was confused and started to convulse. A purpura was observed. Additional tests included anemia, thrombocytopenia, cell fragments on peripheral smear, increase in BUN count and elevated bilirubin and LDH.
2. A fifty-three-year-old man was brought to the ER because of loss of consciousness and fever. In the ER purpura on the right arm was noticed. Additional tests were done for anemia, thrombocytopenia and kidney injury, and elevated bilirubin count, LDH, and cell fragments on peripheral smear. The patient was treated with plasmaphoresis with doses of FFP and was released.

We have described two cases of men of approximately the same age who fit the clinical definition of TTP. We conducted lab tests to diagnose the disease and the tests were positive.

One of the patients was transferred to Hadassah University Hospital, Ein Kerem, within several hours. He did not receive the proper treatment on time and died.

The second patient, after being diagnosed and undergoing a lengthy plasmapheresis treatment with doses of FFP, experienced improvement in his condition and was released.