Abstract

Clopidogrel induced thrombotic thrombocytopenic purpura (TTP) is a rare presentation. It occurs within 14 days of initiation of **Clopidogrel** treatment. There is enough evidence that alert physicians to suspect it and patients should be informed about this possible risk when initiating the therapy. Here we write a case with the age of 56, a housewife, previously diagnosed patient with hypothyroidism and ischaemic heart disease (IHD) on regular treatment including Clopidogrel. She was admitted for bicytopenia evaluation and developed two episodes of seizures with altered conscious level during ward stay. She had persistently severe thrombocytopenia, high LDH with normal coagulation profile and treated with total plasma exchange (TPE), steroids and Rituximab.