

Abstract: Heparin induced thrombocytopenia (HIT) is a potentially life threatening antibody mediated adverse drug reaction caused by heparin administration. There are two types of HIT, HIT 1 and HIT 2. Out of which HIT 2 is the most clinically significant one associated with thrombocytopenia and thrombosis concurrently. Although HIT commonly associate with unfractionated heparin, enoxaparin induced immune thrombocytopenia is rare . Thrombotic events like deep vein thrombosis, pulmonary embolism, acute myocardial infarction, stroke and acute limb ischemia can complicate HIT due to its prothrombotic state. So it carries significant mortality and morbidity if unrecognized. Classically pulmonary embolism presents with acute onset pleuritic type chest pain, shortness of breath and hypoxia with or without hemodynamic collapse. Early recognition and timely intervention are cornerstone of management of this life threatening severe illness.

We describe a case of a 66-year-old female with recent history of Guillain Barre Syndrome who was on prophylactic doses of Enoxaparin, presented with chest tightness and shortness of breath while treating at rehabilitation center. Initial work up revealed right lower limb deep vein thrombosis, bilateral pulmonary emboli and thrombocytopenia. This case highlights the rare occurrence of heparin induced thrombocytopenia and its thrombotic complications while on Enoxaparin prophylactic therapy.