Abstract

Introduction

Patients admitted with acute coronary syndrome (ACS) who have immune thrombocytopenic purpura (ITP) may be difficult to manage due to their increased risk of bleeding complications. The available literature provides limited data regarding the most suitable therapies for this particular group of people. We report a case of a patient with immune thrombocytopenic purpura (ITP), who developed non-ST elevation myocardial infarction (NSTEMI) following administration of intravenous immunoglobulins (IVIG).

Case History

A 59-year-old individual with a confirmed diagnosis of ITP was admitted to the hospital with a three-day history of fever, malaise, and arthralgia. The patient was initially treated for dengue fever. However, due to a low platelet count and a prior history of ITP, IVIG therapy was administered. Subsequently, the individual experienced acute onset tightening chest pain. His ECG changes were suggestive of an NSTEMI. He was treated with dual antiplatelet therapy since his platelet count was maintained above 50 x 109/L. Throughout the hospital stay, he was closely monitored for a decrease in platelet count. He had a good recovery from his cardiac event and was discharged with a standard prescribed regimen for secondary prevention of ACS.

Conclusion

Patients with immune thrombocytopenic purpura (ITP) are susceptible to developing hemorrhagic and thrombotic problems. Moreover, this issue might be exacerbated by medical interventions such as the use of steroids and IVIG. In this context, the possibility of an acute cardiac event should be considered in patient complaints of chest discomfort. Maintaining the standard treatment for ACS isimperative while also seeking the input of hematology experts.