

## **Abstract**

Thrombotic Thrombocytopenic Purpura (TTP) is a thrombotic microangiopathy, which manifested by the formation of microthrombi within vessels of multiple organ system, leading to Microangiopathic Haemolytic Anaemia (MAHA), thrombocytopenia and end organ ischaemia. It usually has a classic pentad although rare, and present with thrombocytopenia, MAHA, neurological manifestations, renal impairment and fever. Early treatment is essential in this condition and is curative, where lack of treatment result in about 90% mortality.

Here I describe a patient who was diagnosed as idiopathic TTP after excluding all the secondary causes and other conditions causing thrombotic microangiopathy. A 41 year old male patient presented to the Emergency Treatment Unit with intermittent mild fever with two episodes of generalized tonic clonic seizures along with dark colour urine for one week duration. Physical examination revealed a febrile patient with pallor and no focal neurological deficit. He was having anaemia, thrombocytopenia along with the positive haemolytic screening with fragmented red cells and schistocytes in the peripheral blood smear. A diagnosis of TTP was entertained and confirmed by the workup. He was treated with urgent plasmapheresis along with systemic glucocorticoids and the patient's condition improved without sequelae. Patient was discharged in a stable condition with oral prednisolone and planned to closely observe and follow up under the Consultant Haematologist's care as the high recurrence rate.