Free fluid in the abdomen: A rare manifestation of post-transfusion purpura (PTP) affecting small bowel in puerperium

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ABSTRACT
Introduction: Post-transfusion purpura (PTP) is an uncommon but serious complication of blood transfusion, characterised by sudden onset of severe thrombocytopenia within 5-10 days of any platelet-containing blood products transfusion. It occurs due to alloimmunization against platelet antigens, which leads to acute profound thrombocytopenia, thus putting patient at risk of significant haemorrhage. Case Description: A 27-year-old Para 2 with ITP presented 28 days post Caesarean section with syncopeic attack and persistent lochia rubra. She had received 4-unit platelets and 2-pint packed cells transfusion intrapartum. Patient was normotensive, tachycardic, with mild tenderness at suprapubic region. Vaginal examination was unremarkable. There was anaemia and severe thrombocytopenia. CT scan findings were suggestive of ischemic small bowel with suspicion of uterine segment wall defect/ rupture. She underwent diagnostic laparoscopy with subsequent exploratory laparotomy which revealed significant hemoperitoneum with peritoneal cavity and generalised petechiae of the entire small bowel. Discussion: PTP can present with bleeding symptoms due to severe thrombocytopenia from any site, but usually from mucous membranes, as seen in our patient. Exposure to non-autologous blood stimulates the patient's immune system to make platelet alloantibodies. A later transfusion produces an anamnestic antibody recall that peaks within 5 to 10 days, causing platelet count to drop below 10x10^9/L. The mean duration of thrombocytopenia is 4 weeks, but it can last up to 5 months. This case portrays the importance of judicious use of blood transfusion in treatment. Untreated, PTP can be fatal. Treatment options include plasmapheresis, intravenous immunoglobulin, and corticosteroids.