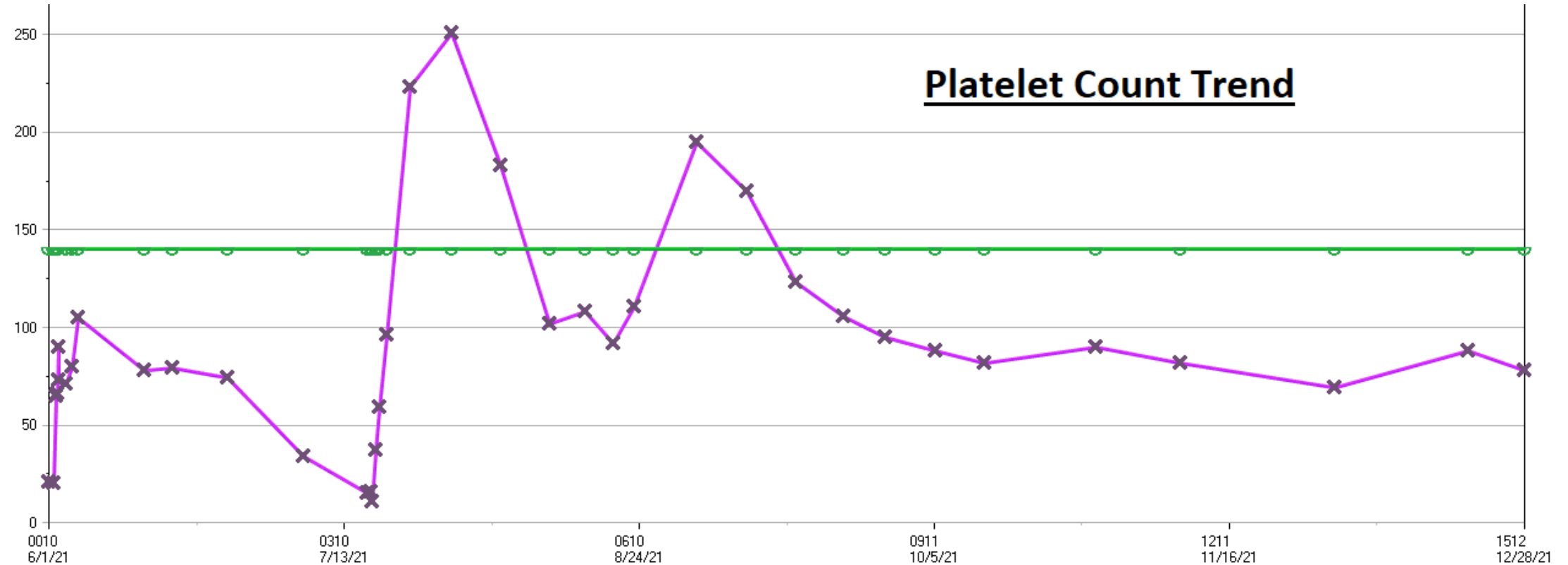


Acute and Profound Pregnancy Induced Immune Thrombocytopenia

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- A 27 yo G1P0 parturient at 39 weeks was transferred from an outside facility due to concern for acute and profound ITP.
- Patient had no medical problems, an uneventful desired pregnancy, and had come in for a scheduled elective induction of labor.
- Outside facility did not heed the SOAP practice guideline of “a routine platelet count is not necessary in the healthy parturient” and ordered a CBC prior to epidural placement.
- The platelet count resulted 18×10^3 . This was a steep drop from 380×10^3 , 277×10^3 , and 265×10^3 which were the previous three measurement over the past several months.

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- Induction was delayed to try a trial of steroids, but the patient went into spontaneous labor.
- Due to risk of epidural hematoma from neuraxial anesthesia, the patient delivered via combo Fentanyl PCA, Nitrous Oxide, Sub-Q Sterile Saline injection, and aromatherapy.
- One month post delivery her platelet counts again dropped into the teens. No hematologic explanation beyond ITP available.
- While being knowledgeable of practice guidelines is imperative, we must accept that exceptions to the rule will always be present.