No Platelets, No Problem: Management of Cesarean Delivery in a Patient with Refractory ITP & Pre-Eclampsia with Severe Features

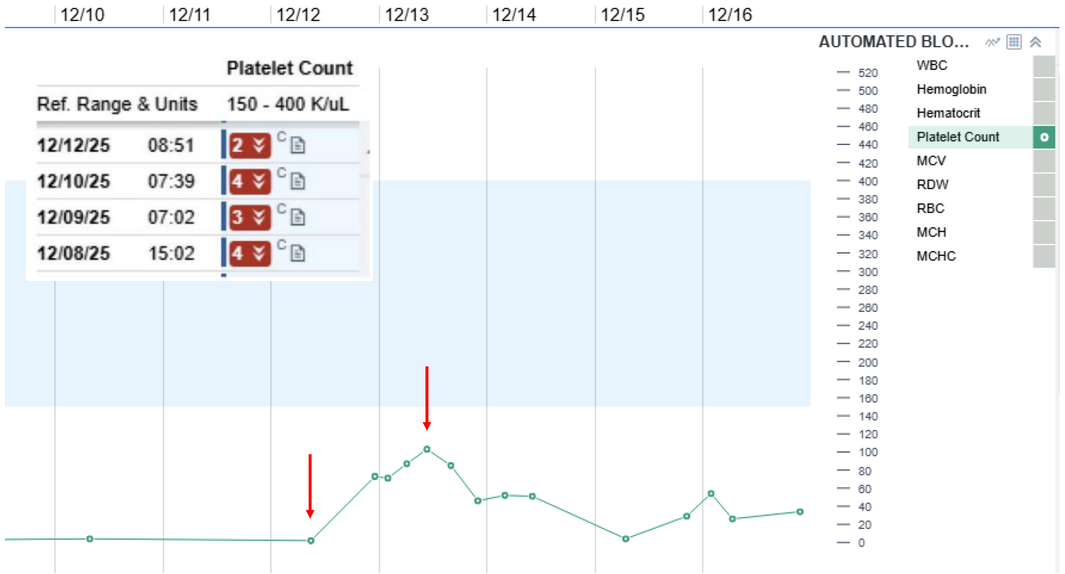
Rachel Pedreira, MD, MS Fatine Karkri, MD Kimberly Mendoza, MD, PhD, MPH Brendan Carvalho, MD

INTRODUCTION:

- Immune Thrombocytopenic Purpura (ITP) → autoimmune platelet destruction and impaired platelet production
- Refractory thrombocytopenia complicates labor and delivery
  - Neuraxial analgesia, PPH risk

CASE BACKGROUND:

- 36-year-old G2P0010 patient
- IVF pregnancy
- Hx of childhood aplastic anemia → severe ITP
- Tx during pregnancy ineffective
  - IVIG, prednisone, AZA, and 2nd trimester splenectomy
- Sx = bruising and bleeding gums, no other bleeding
- Admitted with pre-eclampsia at 34+3 weeks
- At admission and through delivery, platelet count remained very low despite ongoing platelet transfusion



Platelet Count: nadir at 2 prior to delivery, peak at 113 PPD1

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PATIENT MANAGEMENT:

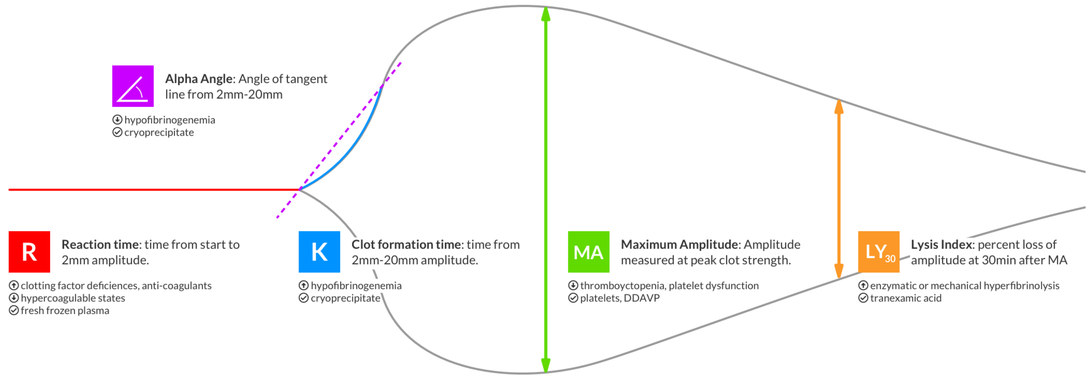
- Initial plan: IOL + remifentanil PCA for analgesia
- Due to evolving Pre-E w/ SF (BP 180s/100s), concern for:
  - Hemorrhagic stroke
  - Hemorrhage w/ intrapartum CS or prolonged labor
  - NICU concern for fetal thrombocytopenia/bleeding
- Final decision: primary CS w/ GA at 35 weeks

INTRA-OPERATIVE and POST-OPERATIVE COURSE:

- Pre-op platelets 3,000/μL and TEG with MA slightly reduced
- A platelet transfusion pre-incision, TXA given after delivery
- Hemodynamically stable induction & atraumatic intubation
- Total QBL 437ml, 3 units platelets given intraoperatively
- MICU admission post-operatively in stable condition
- No bleeding complications
- Patient discharged 6 days post-operatively

TEG (immediately pre-op)

Related Results	Ref Range & Units	
R, Reaction Time (CK)	4.6 - 9.1 min	7.2
K, Clot Kinetics (CK)	0.8 - 2.1 min	2.0
Angle, Speed of Clot Strengthening (CK)	63.0 - 78.0 deg	63.5
MA, Maximum Clot Strength (CK)	52.0 - 69.0 mm	42.5 ↓
MA, Maximum Clot Strength (CRT)	52.0 - 70.0 mm	42.4 ↓
R, Reaction Time (CK/H)	4.3 - 8.3 min	6.8
MA, Maximum Clot Strength (CFF)	15.0 - 32.0 mm	32.3 ↑
FLEV, Estimated Functional Fibrinogen Level (CFF)	278.0 - 581.0 mg/dl	589.4 ↑



ANNUAL MEETING
APRIL 29-MAY 3, 2026
SOAP

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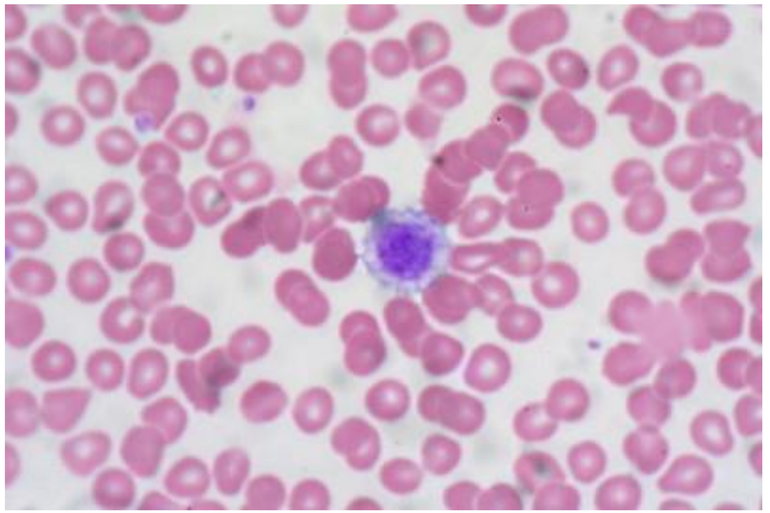
CONCLUSIONS and TEACHING POINTS:

- Longstanding refractory ITP is challenging in the intrapartum period
  - Target platelet count > 50,000 at/near CS delivery
  - Target > 30,000 to prevent significant bleeding
- Superimposed Pre-E creates additional challenges
- Despite thrombocytopenia, platelet transfusion and TXA prophylaxis → minimal QBL
- Possible placental sequestration of platelets?
- Overall positive delivery experience, patient and infant discharged in stable condition
- This case demonstrates the importance of agile multidisciplinary teamwork in setting of dynamically changing patient conditions



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