Immune Thrombocytopenic Purpura (ITP)

• PATHOGENESIS
• Acute ITP
• Chronic ITP
CLINICAL FEATURES

LABORATORY FINDINGS

1. Platelet count
2. Blood film
3. Bone marrow
4. Anti-platelet IgG antibody
5. Platelet survival studies
Thrombotic Thrombocytopenic Purpura (TTP) and Haemolytic-Uraemic Syndrome (HUS)

- PATHOGENESIS
- CLINICAL FEATURES
- LABORATORY FINDINGS
THROMBOCYTOSIS

- Platelet count in excess of 4,00,000/µl
DISORDERS OF PLATELET FUNCTIONS

• Hereditary Disorders
  1. DEFECTIVE PLATELET ADHESION
  2. DEFECTIVE PLATELET AGGREGATION
  3. DISORDERS OF PLATELET RELEASE REACTION

• Acquired Disorders
  1. ASPIRIN THERAPY
  2. OTHERS
COAGULATION DISORDERS

• Classic Haemophilia (Haemophilia A)
• The disorder is inherited as a sex-(X-) linked recessive trait and, therefore, manifests clinically in males, while females are usually the carriers

• PATHOGENESIS
• Quantitative reduction of factor VIII in 90% of cases
• 10% cases have normal or increased level of factor VIII with reduced activity

• CLINICAL FEATURES
• Bleeding for hours or days after the injury
LABORATORY FINDINGS

• 1. Whole blood coagulation time is prolonged in severe cases only.
• 2. Prothrombin time is usually normal.
• 3. Activated partial thromboplastin time (APTT or PTTK) is typically prolonged.
• 4. Specific assay for factor VIII shows lowered activity.
Christmas Disease (Haemophilia B)

- Inherited deficiency of factor IX (Christmas factor)
- Inheritance pattern and clinical features of factor IX deficiency are indistinguishable from those of classic haemophilia
- Accurate laboratory diagnosis is critical since haemophilia B requires treatment with different plasma fraction