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ORAL BLEEDING AS A SOLE PRESENTATION OF IDIOPATHIC THROMBOCYTOPENIC PURPURA IN AN ELDERLY MAN

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ABSTRACT

In this article we present a case of ITP in an elderly man presented to a dental clinic with only oral bleeding. . (ITP) is the most common acquired bleeding disorder occurring in previously healthy children and other different ages. . Clinically, ITP presents with petechiae, ecchymoses, haematomas, epistaxis, haematuria, mucocutaneous bleeding, and occasionally, haemorrhage into tissues. It is unusual for ITP to have a sole oral presentation .The patient referred to our dental clinic as oral heamongiomic patient,complaint of mouth bleeding and multiple heatomas in the lower lip, tongue , palate and floor of the mouth.The patient improved rapidly after predinsolone as total oral treatment.The investigations and treatments are described

Keywords: Idiopathic thrombocytopenic purpura, oral bleeding.

CASE REPORT :

A 62 years old farmer from Gazira area was referred from a medical referral clinic and was seen by the first author (MAY) in a dental clinic complaining of oral bleeding for two days. There were no other significant complaints, and no past medical history of known chronic diseases. Apart from tooth extraction of a carious tooth, there was no history of past dental problems. Oral examination showed multiple bleeding points and haematomas on the palate, lower lip and floor of the mouth Fig A1-A5. They increased in size and number on the next day. Investigations showed:

FBC/ESR:

WBC: 10.3×10^3 /Cmm Normal WBCs (number and differential)

Neut:67 % Lymph:18 % Mono: 9 % Eos:1 % Base 2 %

RBC: 3.1×10^6 /Cmm

Hb:8.5 g/dl

Hb: 57% (with microcytic hypochromic picture)

Hct:25 %

Mcv:79.6 fl

Mch:27.2 pg

ESR: 64 mm/1st hour

Platelets: markedly reduced (5×10^3)/ cmm³

Bleeding time: 13 minutes

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Prothrombin time (PT): 16 minutes

Partial thromboplastin time (PTT): 35 seconds

INR (international normalized ratio): 1.1. General medical examination and further investigations to confirm (ITP) were performed by the second author(AMAE) . Bone marrow aspiration was performed on the posterior superior iliac spine under local anesthesia. It showed haemodiluted blood smear with few cellular elements. Then a trephine biopsy was performed and showed active myelopoiesis with normal maturation pattern, active and normoblastic erythropoiesis, slightly increased megakaryocytes and no infiltration by abnormal cells.

The bone marrow picture was consistent with idiopathic thrombocytopenic purpura (ITP)

The patient was admitted and offered fresh blood transfusion, high dose prednisolone, and local solcoseryl adhesive dental paste. The picture markedly improved after treatment (Fig B 1-5).

COMMENTS

Idiopathic thrombocytopenic purpura is a common acquired bleeding disorder that presents with petechiae, ecchymoses, haematomas, epistaxis, haematuria and mucocutaneous bleeding.¹⁻⁵ It occurs in all age groups. The oral manifestations of ITP include gingival bleeding and petechiae.

¹ In some studies bullae of oral and sublingual mucosa were reported as the first signs of ITP. ² But anyhow, it is unusual for ITP to have sole oral presentation inspite of the high vascularization and anastomoses of the oral mucosa³ The presence of oral haematological signs in our patient may be explained by his relatively old age (fragile vessels of the elderly). Further enquiry showed a history of longstanding exposure to pesticides.⁴

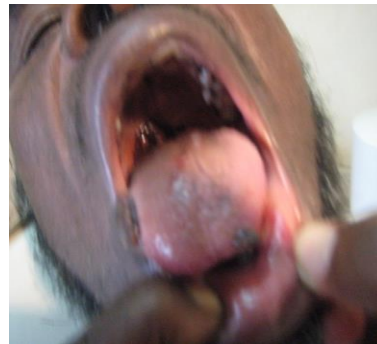
The haematological diseases of the elderly are not uncommonly misdiagnosed. ⁵A 72 year old man was initially misdiagnosed as allergic vasculitis.⁵ He rapidly developed petechiae and mucosal bleeding. The patient otherwise had no any other medical problems. Only the haematological investigations established the correct diagnosis of ITP. ⁵

In conclusion, the dentist and general medical practitioner must be aware of the clinical oral appearances of ITP in order to recognize the condition. This task may be somewhat difficult due to the fact that ITP rarely presents with only sole oral presentation.

This case testifies to the importance of joint clinic between dental and medical specialties as most of oral health problems might reflect a medical problem and vice versa.



A1 Tongue purpura



A2 Palate&tongue purpura

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A3 palate purpura



A4 lower lip purpura



A5 Mouth floor purpura

Fig B(1-2-3-4-5) show resolution of oral purpura after treatment.



B1



B2

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B3



B4



B5

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