

以傷口周邊瘀斑表現之老年患者免疫性血小板 低下紫斑症

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摘要

老年人因多重共病及用藥、骨髓造血機能退化，可能引起血小板低下，隨著平均壽命增加，老年人血小板低下也日趨常見。血小板低下的臨床表現可以從無症狀、輕微皮下瘀斑到威脅生命的嚴重出血，在老年人更可能造成嚴重的併發症。在血小板低下的眾多原因當中，免疫性血小板低下紫斑症為一種自體免疫疾病，由於血小板自體抗體的產生，進而使血小板的破壞增加，導致病人容易出血。

本文討論之個案是一位 97 歲女性居家醫療患者，因持續兩週的傷口周圍大片瘀斑，向居家醫療團隊請求訪視診療後，抽血發現嚴重血小板低下，最終診斷為免疫性血小板低下紫斑症，經口服類固醇治療後效果顯著，個案血小板回升，傷口感染改善，安排出院銜接居家醫療照護追蹤，血小板回歸正常範圍。

本文章將探討血小板低下的臨床表現、鑑別診斷，最終回顧本罕見案例「免疫性血小板低下紫斑症」的相關知識。

(臺灣老年醫學暨老年學會雜誌 2023；18(3)：235-244)

關鍵詞：血小板低下、免疫性血小板低下紫斑症、高齡者

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An Elderly Patient with Immune Thrombocytopenic Purpura Presented with Right Lower Leg Ulcerative Wound and Ecchymosis

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Abstract

The prevalence of immune thrombocytopenic purpura (ITP) has been on the rise among elderly people as the geriatric population is more susceptible to multimorbidity and polypharmacy. ITP is a disorder that can lead to easy or excessive bruising and bleeding. Thrombocytopenia in older patients is associated with several characteristics that are often underrated, including the risk of bleeding complications, the senescence of bone marrow, polypharmacy, and greater comorbidity.

In this case report, we presented a 97-year-old women with chief complaints of progressive right lower leg ulcerative wound with ecchymosis for 2 weeks. After admission, a series of tests including complete blood count, WBC differential count and peripheral blood smear were conducted for thrombocytopenia. After comprehensive history taking, physical examination and laboratory examinations, immune thrombocytopenic purpura was diagnosed.

During hospitalization, antibiotics were given for wound infection and platelet transfusion was administered for thrombocytopenia. We were also aware of the high risk of spontaneous bleeding, including intra-cerebral hemorrhage and gastrointestinal bleeding. Due to the patient's poor response to platelet transfusion, pulse steroid therapy was applied and her serum platelet was finally stabilized. Her wound condition gradually improved and the patient was discharged under a relative stable condition. The follow-up platelet count at homecare visit was within normal limits.

Based on clinical manifestations, laboratory test results, and literature review, we explored the etiologies of thrombocytopenia and the process and algorithm for differential diagnosis of thrombocytopenia in clinical practice. We presented the diagnostic and treatment course for IPT in this case and discussed the diagnostic evaluation, therapeutic principles and options for thrombocytopenia.

In this report, a case of an elderly patient with progressive ulcerative wound and ecchymosis over lower leg was presented for primary care physicians to promote early detection and treatment of thrombocytopenia in the elderly.

(*Taiwan Geriatr Gerontol* 2023; 18(3): 235-244)

Key words: thrombocytopenia, immune thrombocytopenic purpura, elderly

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