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Clinical Image
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# Thrombotic Thrombocytopenic Purpura

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## Clinical Image

A 29-year-old male patient was admitted to our hospital due to intermittent unconsciousness for 10 days and intermittent fever for 8 days. On examination, he had no obvious hemorrhagic spots, petechia and other clinical manifestations of nervous system and no abnormalities were observed in his MRI of the head. His laboratory examination showed that Hemoglobin (Hb) 63 g/L (normal: 130 g/L to 175 g/L), Platelet (PLT) $9 \times 10^9$/L (normal: 125-350 $\times 10^9$/L), creatinine 187.0 umol/L (normal: 57.0 umol/L to 97.0 umol/L), Indirect bilirubin 98.6 umol/L (normal: 5.0 umol/L to 20.0 umol/L), urine hemosiderin positive, examination of peripheral blood pictures showed fragmented erythrocyte, (Figure 1) which was consistent with the hematological manifestations of hemolytic anemia in microangiopaemia. ADAMTS13 activity was 0% (normal: 70% to 120%) and ADAMTS13 inhibitor titer was 3.52 BU (normal: 0.0 BU to 0.6 BU). We gave hormonal therapy, plasma exchange, continuous bedside blood purification, component blood transfusion, and respiratory support. Regrettably, the patient did not receive rituximab due to financial factors. After that the condition worsened and the patient died from irreversible respiratory circulatory failure.

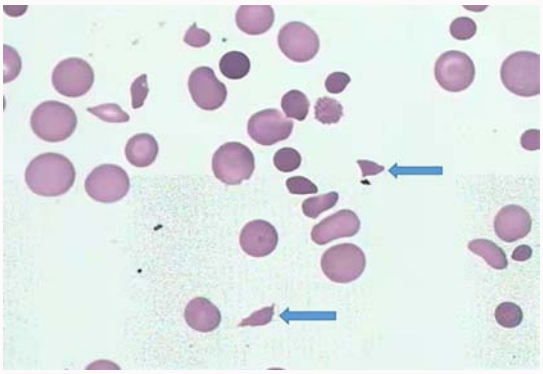

**Figure 1:** The arrows indicate the fragmented erythrocyte.

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