中文題目:水痘導致之血小板減少症併發腦內出血-病例報告

英文題目: Chicken pox associated thrombocytopenia complicated with intracranial hemorrhage in adult- report of a case

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Introduction: Thrombocytopenia is a common hematological complication of chickenpox. Most patients with thrombocytopenia are often asymptomatic or present with only mild cutaneous bleeding. Severe bleeding associated with intracranial hemorrhage or gastrointestinal bleeding is rare. In the current report, we present the case of a patient diagnosed with chicken pox who developed thrombocytopenia, intraventricular hemorrhage, and subarachnoid hemorrhage.

Case report: A 20-year-old man was admitted to our hospital with pruritic vesicular rash on his face, trunk, and extremities. The patient reported having been in good health with no history of drug use or abuse. He had ever received varicella vaccine during childhood. Two days before admission, he reported symptoms of headache, general malaise, and fever. Physical examination following admission revealed multiple lesions presenting in crops and in a variety of stages, including maculopapular and vesicular, as well as pustular. This was especially evident over the trunk. Central necrosis and early crusting was also visible. Chichen pox was highly suspected. This was further supported by high titers of immunoglobulin (Ig) M antibodies to varicella-zoster virus, but low titers of IgG antibodies in the patient's serum, confirming a diagnosis of primary varicella infection. A complete blood count revealed a hemoglobin of 11.6 g/dl, a white blood cell count or 6740/ul (67% neutrophils, 23% lymphocytes, and 9% monocytes), and a platelet count of 176000/ul. Two days later (Day 3), petechiae and hemorrhagic vesicles developed over the patient's trunk and extremities, and severe headache and nausea was reported. Brain computerized tomography (CT) disclosed intraventricular hemorrhage and mild subarachnoid hemorrhage. Laboratory data showed severe isolated thrombocytopenia (2000/ul). A neurosurgical consultation recommended further observation since there were no significant neurological impairments. A transfusion with 12 units of platelet concentrate was performed and dexamethasone and intravenous immune globulin were administered under the suspicion of chickenpox-induced thrombocytopenia. Continued therapy as described resulted in a gradual increase of platelet levels and no progression of neurological signs were noted. He was discharged two weeks after admission without significant neurological complication.

Conclusion: Chicken pox is considered to be a benign disease, but serious complications can occur in adult patient. Varicella-induced thrombocytopenia is a common complication of a primary varicella infection. ICH can occur in patients with a decrease in platelets to extremely low levels. For these

patients, platelet transfusion, administration of steroids, and IVIG are suggested to be administered immediately.