



A STUDY OF CLINICAL PROFILE OF PATIENT WITH FEVER AND THROMBOCYTOPENIA

General Medicine

Dr. Daya B. Savani

Third Year Resident, Department of Medicine, Govt. Medical College, Bhavnagar

Dr. Krishna K. Lakhani*

Additional Professor, Department of Medicine, Govt. Medical College, Bhavnagar
*Corresponding Author

KEYWORDS

INTRODUCTION

- Fever with thrombocytopenia has become the commonest presenting problem in the medical wards. Various infectious causes are there for fever with thrombocytopenia like dengue, leptospirosis, malaria, typhoid, miliary TB, HIV and septicemia.
- A well-organized systematic approach that is carried out with an awareness of causes of fever with thrombocytopenia narrows the differential diagnosis of the clinical entity and brings out diagnosis. Timely recognition and treatment of the underlying condition, platelet transfusions are required to prevent fatal outcomes.
- It is necessary to know the cause, which will be useful to give proper treatment to the patient and better outcome.
- Our study is to provide data on various causes and complications of patients presented with fever and thrombocytopenia that will guide health care professionals in managing disease efficiently.

AIM

- To Study the Clinical Profile of patient with fever and thrombocytopenia.

OBJECTIVES

- To study the clinical profile of febrile illnesses causing thrombocytopenia mainly under etiological basis.
- To study the complication, prognosis and outcome of the diseases.

MATERIAL AND METHODS

- This prospective study was conducted on 80 patients of fever and thrombocytopenia admitted in the medical wards at Sir Takhtasinhji General Hospital, Bhavnagar, during study period of 1 year, after taking written and informed consent of patients and after getting approval from Institutional Review Board.
- All patients were subjected to detailed history and thorough clinical examination. Investigations like complete hemogram, urine routine examination, liver function test, peripheral smear examination, Chest Xray and USG were carried out in each patient.
- Special investigations like serology for dengue, widal test, HIV, sputum for AFB and bone marrow examination were carried out as & when required.

INCLUSION CRITERIA:

- Patients 12 years and above.
- All the indoor patients presenting with complain of fever (temperature > 99.9 F) with thrombocytopenia.

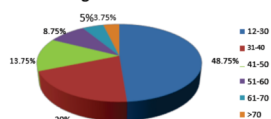
EXCLUSION CRITERIA:

- Patient's Age < 12.
- Patient having Afebrile thrombocytopenia.
- Patient's with congenital thrombocytopenia.
- Patient having known platelet disorder like TTP.
- Patient on antiplatelet and antithrombotic drugs.
- Pregnancy.

Patient not giving consent.

OBSERVATION AND RESULTS

Age Wise Distribution



Gender Wise Distribution



In the present study, results shows that In the present study, males (55%) were fever with thrombocytopenia was more affected than females (45%). higher in younger age group 12-40 Males were highly exposed to the years (68.75%) then older age group. environmental pathogens.

MONTH WISE DISTRIBUTION



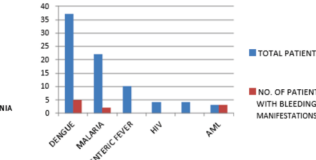
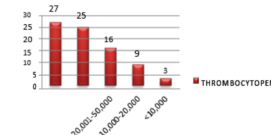
ETIOLOGICAL DISTRIBUTION OF THROMBOCYTOPENIA



In the present study, the diseases were most commonly prevalent in the month of July to September (43.75%) followed by October to December (28.75%).

In the present study, results shows that almost half of the patients were of dengue fever (46.25%), nearly above one forth patients were of malaria (27.50%), and other patients were of enteric fever (12.50%), HIV (5%), Tuberculosis (5%) and AML (3.75%).

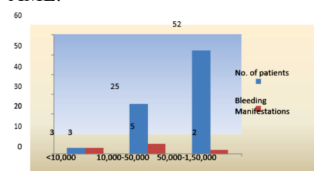
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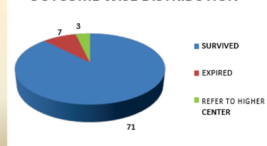
- In the present study, result shows that majority of patients had platelet count above 20,000 (85%) while 3.75% patients had platelet count < 10,000 and 11.25% patients had platelet count between 10,000-20,000.

Bleeding Manifestations In Different Etiology:

In the present study, bleeding manifestations were present in 05 patients of dengue fever, 02 patients of malaria and all 3 patients of AML.



OUTCOME WISE DISTRIBUTION

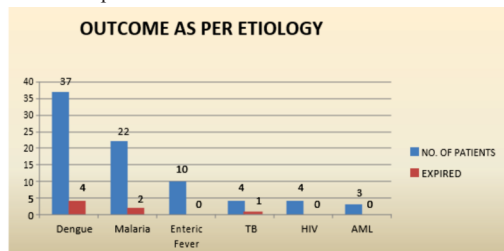


Thrombocytopenia With Bleeding Manifestations:

In the present study, all the 3 patients with patients, majority of patients were survived (88.75%) while 07 (8.75%) platelet count

<10,000 had bleeding manifestations. Out of 25 patients with patients were expired and 03(3.75%) platelet count between 10,000-50,000, 5 patients were referred to higher(20%) patients had bleeding manifestations. centre.

It shows that frequency of bleeding manifestations increases with decrease in platelet count.



In the present study, out of 7 expired patients, dengue fever had higher mortality (57.14%) followed by malaria(28.57%). 1 patient of tuberculosis also expired. There is no mortality in HIV, enteric fever and AML. All the 03 patients of AML were referred to higher centre.

SUMMARY

- Present study was conducted on 80 patients presented with fever and thrombocytopenia admitted at Sir T hospital, Bhavnagar from January 2018 to December 2018
- In the present study, majority of patients were from younger age group up than older age group. 68.75% patients were from younger age group 18-40 years. The mean age of the study was 34.92 ± 15.85 years.
- In the present study more than half of the patients were Males (55%) where females were 45%. (M:F=1.22:1)
- In the present study, almost half of the patients were of dengue fever (46.25%), nearly about one fourth patients were of malaria (27.50%), and other patients were of enteric fever (12.50%), HIV (5%), Tuberculosis (5%) and AML (3.75%)..
- Bleeding manifestations were present in dengue (13.5%), malaria (09.09%) and AML (100%)
- In the present study, majority of patients had platelet count above 20,000 (85%) while 3.75% patients had platelet count <10,000 and 11.25% patients had platelet count between 10,000-20,000.
- All the 3 (100%) patients with platelet count less than 10,000 had bleeding manifestations. 20% patients with platelet count 10,000-50,000 had bleeding manifestations while only 3.84% patients with platelet count above 50,000 had bleeding manifestations. It shows that frequency of bleeding manifestations increases with decrease in platelet count.
- Out of 80 patients, majority of patients were survived (88.75%) while 07 (8.75%) patients were expired and 03(3.75%) patients were referred to higher centre.
- Out of 7 expired patients, dengue fever had higher mortality {4 patients (57.14%)} and all expired patients of dengue fever had platelet count between 10000-50000. Malaria had mortality of 2 patients (28.57%) out of which 1 patient had platelet count 35000. One patient of tuberculosis also expired.
- All the 3 patients of AML were referred to higher centre for further management.

CONCLUSION

- Maximum prevalence of febrile thrombocytopenia due to infectious etiology are in young, in male and in rainy and early winter season.
- Dengue is the commonest cause of febrile thrombocytopenia followed by malaria.
- Risk of bleeding increase when platelet count decreases below 20000. There is no absolute relationship between platelet count and severity of bleeding.
- Prompt diagnosis and immediate specific treatment of underlying etiology of febrile thrombocytopenia with maintenance of platelet count and haemostatic function gives good recovery.