Immune Thrombocytopenic Purpura (ITP)

- **PATHOGENESIS**
- Acute ITP
- Chronic ITP

CLINICAL FEATURES

LABORATORY FINDINGS

1. *Platelet count*
2. *Blood film*
3. *Bone marrow*
4. *Anti-platelet IgG antibody*
5. *Platelet survival studies*

Thrombotic Thrombocytopenic Purpura (TTP) and Haemolytic-Uraemic Syndrome (HUS)

- **PATHOGENESIS**
- **CLINICAL FEATURES**
- ***LABORATORY FINDINGS***

THROMBOCYTOSIS

- Platelet count in excess of 4,00,000/µl

DISORDERS OF PLATELET FUNCTIONS

- **Hereditary Disorders**

1. DEFECTIVE PLATELET ADHESION
2. DEFECTIVE PLATELET AGGREGATION
3. DISORDERS OF PLATELET RELEASE REACTION

- **Acquired Disorders**

1. ASPIRIN THERAPY
2. OTHERS

COAGULATION DISORDERS

- **Classic Haemophilia (Haemophilia A)**
- The disorder is inherited as a sex-(X-) linked recessive trait and, therefore, manifests clinically in males, while females are usually the carriers
- **PATHOGENESIS**
- Quantitative reduction of factor VIII in 90% of cases
- 10% cases have normal or increased level of factor VIII with reduced activity
- **CLINICAL FEATURES**
- Bleeding for hours or days after the injury

LABORATORY FINDINGS

- 1. Whole blood coagulation time is prolonged in severe cases only.
- 2. Prothrombin time is usually normal.
- 3. Activated partial thromboplastin time (APTT or PTTK) is typically prolonged.
- 4. Specific assay for factor VIII shows lowered activity.

Christmas Disease (Haemophilia B)

- Inherited deficiency of factor IX (Christmas factor)
- Inheritance pattern and clinical features of factor IX deficiency are indistinguishable from those of classic haemophilia
- Accurate laboratory diagnosis is critical since haemophilia B requires treatment with different plasma fraction