

## ITP secondary to hepatitis A

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Immune thrombocytopenic purpura (ITP) is a hematologic autoimmune disorder characterized by immune-mediated platelet destruction and platelet production impairment. Several cases of ITP secondary to viral infection have been described. However, cases of ITP following hepatitis A infection are rare in immunocompetent adults even though transient hematologic abnormalities to bone marrow depression in the course of HAV infection are well known. Here, we report a 46-year-old woman with ecchymosis on her upper and lower extremities and a platelet count of  $24,000/\text{mm}^3$  two weeks after hepatitis A infection. The patient have been treated with steroids, thereafter ecchymosis and platelet count improved. [Case] A 46-year-old woman visited our hospital family medicine center with fatigue, fever, jaundice. She was previously diagnosed type II diabetes mellitus two years ago. At that time the platelet count was  $183,000/\text{mm}^3$ . Alanine aminotransferase (ALT), aspartate aminotransferase (AST), lactic acid dehydrogenase (LDH) and total bilirubin were 194 U/L, 419 U/L, 619 U/L, and 7.5 mg/dL, respectively. On serologic tests, HAV-IgM was positive. The patient diagnosed as acute hepatitis A infection. She was treated with conservative therapy. After twenty four days, the transaminases and LDH normalized, but her platelet count decreased to  $24,000/\text{mm}^3$  and she complained ecchymosis on her right upper arm and right leg. Other complete blood cell count showed hemoglobin 15.0 g/dl, white blood cell count  $6,130/\text{mm}^3$  with a differential of 48.9 % neutrophil, 42.9 % lymphocyte, and 5.9 % monocyte. Dexamethasone 40 mg was administered via intravenous for four days. On the day of discharge, the platelet count was  $37,000/\text{mm}^3$ . She discharged with Prednisolone 10 mg per oral daily [Conclusion] ITP after hepatitis A infection could happen in our country, it could confirm through this case. The more cases and researches of ITP secondary to hepatitis A will be needed to recognize clear mechanism of immune reaction to platelet like ITP occurred by many other viral diseases.

## A case of secondary hemochromatosis without blood transfusion in sideroblastic anemia patient

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Sideroblastic anemia is a heterogeneous disorder characterized by presence of anemia, increased serum iron & ferritin level, ineffective erythropoiesis and ring sideroblasts in the BM. The disease hemochromatosis occurs as a result of excess iron accumulation in organs and tissues. Both hereditary and acquired types of hemochromatosis have been known. The most common cause of secondary hemochromatosis is chronic transfusion therapy. Other cause is the congenital diseases include thalassemia, sickle-cell anemia, pyruvate kinase deficiency, and X-linked sideroblastic anemia. The most effective method of removing iron from the body is phlebotomy. And iron chelators are effective method. We report the case of secondary hemochromatosis without blood transfusion in sideroblastic anemia patient who was improved hemochromatosis after administering deferasirox. Also we experienced usefulness of general MRI as hemochromatosis follow up test tool. A 40-yr-old male patient visited our hospital complaining of abnormal finding of liver sonogram. He had hereditary sideroblastic anemia, which was diagnosed at 1993. A liver MRI was performed. Decreased signal intensity of hepatic parenchyma was observed in all pulse sequences. It was maybe iron deposition in liver. We administered deferasirox. After 6 months, at follow up liver MRI, mildly increased signal intensities compared with the previous study. We followed up liver MRI for 3years. During follow up period, there was no significant interval change of imaging test but serum ferritin level was decreased.

