Idiopathic thrombocytopenic purpura

- Clinical characteristic of isolated thrombocytopenia in patients with bone marrow failure-related germline variants: a retrospective study from a single centre
- The gut-immune axis in primary immune thrombocytopenia (ITP): a paradigm shifts in treatment approaches
- Multisystemic Manifestations of Systemic Lupus Erythematosus: A Diagnostic Challenge
- Thrombocytopenia, renal failure and hearing loss in a young patient: MYH9-related disorder
- Comparative efficacy and safety of rhTPO, romiplostim, and eltrombopag in the treatment of pediatric primary immune thrombocytopenia: a systematic review and network meta-analysis
- Bleeding through the strains: an elderly woman's battle with post-transfusion purpura and acute alveolar haemorrhage
- Incidence and relative risk of colorectal cancer in autoimmune diseases: a global pooled-analysis with more than 91 million participants
- Epidemiology of immune thrombocytopenia in Yunnan Province and cytokine expression characteristics at different altitudes

Idiopathic thrombocytopenic purpura in neurosurgery

- Insidious onset of spontaneous spinal epidural hematoma in immune thrombocytopenic purpura: a case-based review
- Spinal subdural hematoma in a patient with immune thrombocytopenic purpura following microvascular decompression: a rare case report
- The phytoestrogenic potential of flavonoid glycosides from Selaginella moellendorffii via ERα-dependent signaling pathway
- Vaccine associated benign headache and cutaneous hemorrhage after ChAdOx1 nCoV-19 vaccine: A cohort study
- Decompressive craniectomy for intracranial hypertension in vaccine-induced immune thrombotic thrombocytopaenia: a case series
- Fatal vaccine-induced immune thrombotic thrombocytopenia (VITT) post Ad26.COV2.S: first documented case outside US
- Treatment of Nocardial Brain Abscess in a Patient With Systemic Lupus Erythematosus and Idiopathic Thrombocytopenic Purpura: Case Report and a Review of the Literature
- Cerebral venous thrombosis after vaccination against COVID-19 in the UK: a multicentre cohort study

Chronic subdural hematoma in idiopathic thrombocytopenic purpura

- Spinal subdural hematoma in a patient with immune thrombocytopenic purpura following microvascular decompression: a rare case report
- Spontaneous resolution of post-traumatic chronic subdural hematoma: a case report
- Spontaneous resolution of chronic subdural haematoma secondary to chronic idiopathic thrombocytopenic purpura
- Therapeutic Suggestions for Chronic Subdural Hematoma Associated with Idiopathic

Thrombocytopenic Purpura: A Case Report and Literature Review
- Ischemic stroke in pediatric moyamoya disease associated with immune thrombocytopenia--a case report
- Management of chronic subdural haematoma in a case of idiopathic thrombocytopenic purpura
- Chronic subdural haematoma in a patient with idiopathic thrombocytopenic purpura
- Spontaneous resolution of post-traumatic chronic subdural hematoma: case report

Spontaneous resolution of post-traumatic chronic subdural hematoma is a rare event. Spontaneous resolution is rarer if the subdural hematoma is bilateral. In the literature, this condition is reported mostly in patients with idiopathic thrombocytopenic purpura. Yilmaz et al. present a case of spontaneously resolved post-traumatic bilateral chronic subdural hematoma within one month in a 55-year-old male and we discuss the probable mechanisms of pathophysiology in the spontaneous resolution of chronic subdural hematoma [1)].

A rare case, that did not require an open surgery, i.e. a case of post-traumatic chronic subdural hematoma spontaneous resolution in a 76-year-old female having sustained a fall without classic head injury. The possibility of conservative treatment is extremely rare in patients with chronic subdural hematoma, but it should be considered based on the patient's neurological and physical condition [2)].

Case report from the HGUA

Male, 76 years old Hypertension Type 2 Diabetes Mellitus (DM2) Dyslipidemia (DLP) Ex-smoker for 30 years (formerly smoked 2 packs/day, cumulative exposure of 48 pack-years) Former alcohol consumption for over 10 years.

Spontaneous hematomas were evaluated in the Emergency Department 3 years before Mild chronic kidney disease Hepatic steatosis. Chronic pancreatitis due to hypertriglyceridemia in the context of previous alcohol consumption, with multiple admissions for acute pancreatitis. Benign prostatic hyperplasia. Iron-deficiency anemia, tubular adenoma in the duodenum, Barrett's esophagus, and inflammatory mucosal changes in the stomach. Anterior ischemic optic neuritis in the right eye Gait disturbance due to diabetic peripheral neuropathy Immune Thrombocytopenic Purpura (ITP) was diagnosed 3 years before, and treated with prednisone and immunoglobulins. A recent change in ITP treatment to Avatrombopag 6 months before.

Current Treatment:

Avatrombopag 20 mg, 1 tablet per day.

Under investigation for lower back pain with functional impairment, showing signs of spondyloarthrosis and mild diffuse lumbar discarthrosis on MRI. Hypercapnic respiratory failure + hypoxemia due to sleep apnea, treated with CPAP. Asymptomatic first-degree atrioventricular block (BAV).

Surgical History:

Exploratory laparotomy for acute pancreatitis, umbilical hernia, incisional hernia, hydrocele. Ocular

surgeries: Cataract surgery in both eyes. Current Medications: (Each is taken every 24 hours unless otherwise specified)

Amlodipine 5 mg Telmisartan 40 mg Atorvastatin 40 mg Doxazosin extended-release 4 mg Furosemide 40 mg Insulin glulisine Lantus Solostar 50 units Clopidogrel 75 mg Avatrombopag 20 mg (3 tablets every 7 days) Lorazepam 1 mg Amitriptyline 25 mg Allopurinol 100 mg Famciclovir 250 mg (until 06.03.24) Duodart 0.5/0.4 mg Esomeprazole 40 mg Canagliflozin 100 mg

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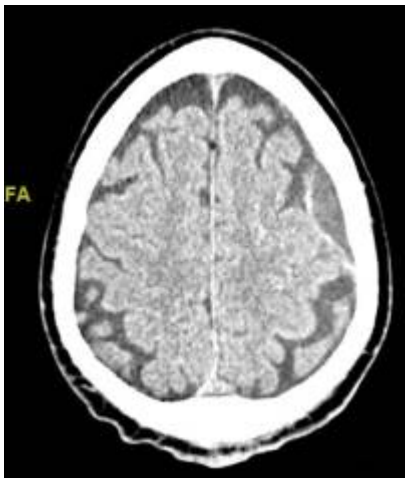
The patient has experienced an accidental fall while walking on the street, falling backward and hitting the back. He denies loss of consciousness, amnesia of the episode, no nausea, no vomiting, and no other symptoms. Upon further questioning of family members, they report multiple episodes of falls with head contusion in the last few months. The patient exhibits a very unstable gait.



1)
Yilmaz H, Boyali O, Atci IB, Kocaman U. Spontaneous resolution of post-traumatic chronic subdural hematoma: a case report. Pan Afr Med J. 2017 Oct 20;28:167. doi: 10.11604/pamj.2017.28.167.13944. PMID: 29541313; PMCID: PMC5847253.
2)
Marcikić M, Hreckovski B, Samardzić J, Martinović M, Rotim K. Spontaneous resolution of post-traumatic chronic subdural hematoma: case report. Acta Clin Croat. 2010 Sep;49(3):331-4. PMID: 21462825.