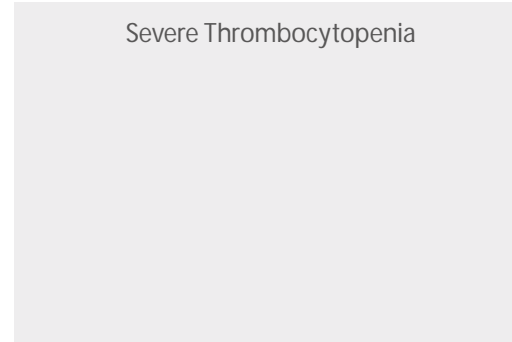


Is Platelet Transfusion Really Required?

When the platelet (PLT) count is extremely low, is platelet transfusion really required? Let's analyze the following case, which tells us a different answer.

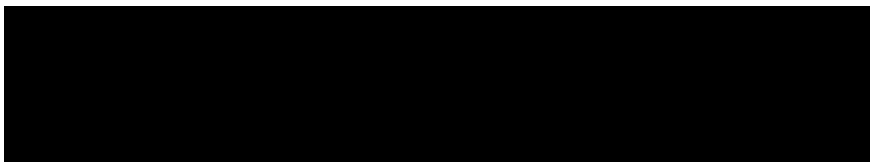
Case Record

A 49-year-old woman went to the emergency department due to transient cognitive disorder. She had obvious paroxysmal headaches, with vomiting and epigastric pain. Brain CT revealed no abnormalities. The laboratory results revealed anemia and severe thrombocytopenia. What should be expected?



Blood test (Figure 1) showed low RBC count of $3.07 \times 10^{12}/L$ and low HGB concentration, which indicated anemia. PLT-O count was $15 \times 10^9/L$ (CDR mode, Mindray BC-6200). Such a low PLT count and abnormal RBC-related parameters caught our attention: Should platelet transfusion be initiated?

Figure 1. Blood test showed low PLT count, RBC count, and increased RET%



The PLT histogram was far from the normal ones. We then checked RET scattergram, in which few PLT dots were observed and RET increased (Figure 2).

Considering the cases with typical symptoms: (1) hemolytic anemia (schistocytes); (2) thrombocytopenia; (3) neurologic symptoms (transient mental disorder), thrombotic thrombocytopenia (TTP) disease is likely. The results and TTP diagnostic

