

中文題目：口服療黴舒誘發血栓性血小板低下紫斑症於一位 46 歲男性: 案例報告

英文題目：Oral Terbinafine Therapy Induced Thrombotic Thrombocytopenia Purpura In A 46-year-old Man:
A case report

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Background:

Thrombotic thrombocytopenia purpura(TTP) is a life threatening disease because of multiple thrombosis can induce acute myocardial infarction, stroke, acute kidney injury or any other target organ damage. It is easily misdiagnosed initially if doctors do not think about the differential diagnosis. Several drugs can induce thrombotic thrombocytopenia purpura which is very important to identify while the patient diagnosis as TTP.

Case Presentation:

We report a 46-year-old man who presented with transient ischemic attack three times a week. However, the first two different emergent department units both diagnosis as stroke and gave him platelet transfusion for severe thrombocytopenia. Because the patient had new right side weakness progression, he visited the third medical center where noted he had severe thrombocytopenia combine with macroangiopathic hemolytic anemia and acute kidney injury. He had emergent plasma exchange(PE) and his ADAMTS13 level was 1.16 % which TTP was diagnosed. While reviewed the patient's past medication, we noted he already took terbinafine 250mg 6 weeks for tenia pedis. The warning and precautions from FDA professional drug information had revealed terbinafine can induce TTP or hemolytic uremic syndrome and there is no case ever report in Taiwan. The whole autoimmune markers study are all negative. The patient had an excellent response to plasma exchange totally 6 times and no more neurologic sign after discharge. He had no TTP recurrent record after holding terbinafine.

Conclusions:

TTP is one of thrombotic microangiopathy(TMA) , we should not wait until classical pentad all present and finally think of the possibility, this will be too late to rescue multiple organ damage. While TTP is diagnosis, emergent PE should be arranged and avoid suddenly stop because this may induce inhibit rebound phenomenon. To identify if the TTP is secondary to autoimmune disease or medication induce can help patients avoid TTP recurrence in the future.