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Hemolytic uremic syndrome with normal platelet count: The thrombocytopenia that wasn't

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Introduction: Hemolytic uremic syndrome (HUS) is the most common cause of acute renal failure in children, and the incidence of this syndrome in children is increasing worldwide. It leads to significant morbidity and mortality during the acute phase. Death or ESRD occurs in about 12% of patients with diarrhea-associated HUS and 25% of survivors demonstrate long-term renal sequelae. The classic triad of features for HUS consists of microangiopathic hemolytic anemia, thrombocytopenia, and acute renal failure. Athrombocytopenia is a rare presentation of HUS. There is one case report of a 13 year old boy presenting with atypical HUS with normal platelet counts. We report a second case of a young 18 year old girl presenting with HUS with normal platelet counts.

Case summary: 18 year old girl with no significant past medical history presented with the chief complaint of bloody diarrhea and abdominal cramping. She was initially evaluated a week prior for similar complains at which time colonoscopy was done which revealed nonspecific colitis. She was discharged home on oral antibiotics but got readmitted at our hospital for persistent symptoms. She was found to have a Hematocrit of 14 which led to an

urgent hematologic evaluation.

Physical exam: Pale, no acute distress. Blood pressure 127/74, Heart rate 82, Respiratory rate 21. Temperature 36.8

Abdomen exam: mild diffuse tenderness. Bowel sounds present. No organomegaly.

Labs: White blood cell count 25.5, hemoglobin 4.7, hematocrit 14, platelets 212, sodium 139, potassium 3.4, chloride 105, bicarbonate 26, BUN of 49, creatinine 4.4, LDH 736, haptoglobin <8, Reticulocyte count 14%

Peripheral smear: multiple schistocytes and helmet cells. Urine analysis: positive blood, trace leukocyte esterase and granular casts. Stool cultures: positive for Shiga Toxin and E. coli 0145.

Hospital course: Patient was admitted to the MICU. She received Plasmapheresis therapy for 2 days. She also received blood transfusion. Nephrology was consulted although there was no acute need for renal replacement therapy. Her renal function normalized and she improved clinically over the next few days.

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