**TABLE 8: POST TRANSFUSION PUPURA (PTP)**

All patients should receive information on potential transfusion reactions and how to report a suspected transfusion reaction.

<table>
<thead>
<tr>
<th>Signs &amp; Symptoms Clinical Presentation</th>
<th>Possible Etiology</th>
<th>Suggested Treatment &amp; Actions</th>
<th>Suggested Laboratory Investigations</th>
</tr>
</thead>
</table>
| ▪ Abrupt onset of thrombocytopenia 1-2 weeks post transfusion | Thrombocytopenia occurs in a patient who has made an antibody against a foreign platelet antigen as a result of pregnancy or a previous transfusion. After a transfusion of red cells or platelets, antibodies attach to surface antigen sites on platelets, resulting in their destruction. Most commonly the implicated antibody is against the HPA-1a (PLA1) antigen (60% of cases). Through a mechanism not clearly elucidated, likely auto-immune, the patient’s own antigen-negative platelets are also destroyed. | ▪ Consult Physician  
▪ Implement therapeutic interventions as ordered by physician  
▪ Detailed obstetric and transfusion history, including previous infant with Neonatal Alloimmune Thrombocytopenia  
▪ Continue to monitor patient for:  
  ▪ emerging S&S  
  ▪ deterioration in patient’s condition  
  ▪ response to interventions  
▪ 1 EDTA tube to Hematology for Complete blood count  
▪ Ensure patient samples for anti-platelet and anti-HLA antibody investigation are obtained before consideration of IVIG treatment  
▪ Urine sample to Chemistry  
▪ Complete Transfusion Reaction Report Form**  
▪ Document event in patient records  
▪ Suggest referral to hematologist  
▪ Platelet transfusions are not recommended  
▪ IVIG 1g/kg daily for 2 days; the platelet count is expected to increase 4 days after start of therapy | ▪ Complete blood count  
▪ Obtain samples for anti-platelet and anti-HLA antibody investigation. These samples are sent to CBS/HQ  
▪ Routine urinalysis |
| ▪ Occurs most commonly in multiparous women  
▪ Usually self-limited (≤ 2 weeks), but bleeding may be severe and can be fatal (e.g., intracranial bleeding)  
▪ May also present with:  
  ▪ Melena  
  ▪ Hematuria  
  ▪ Vaginal bleeding  
▪ Thrombocytopenia lasts about 2 weeks  
▪ Differentiation from straightforward platelet alloimmunization is problematic. | **PTP should be considered when a platelet refractory patient fails to respond to HLA-matched platelets** | |

**Future transfusion management**

- Patients with PTP should receive antigen-negative platelet and RBCs
- **A**ffected patients (and their relatives) are at risk of neonatal alloimmune thrombocytopenia. The family should be tested and counseled regarding both PTP and NAIT

**Usual Timing**

- 1 to 24 days post-transfusion  
- Mean of 9 days

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⚠️ **Delayed transfusion reactions may occur while patient is in hospital or after the patient has been discharged. The patient may be readmitted to hospital at a later date due to a delayed reaction.**

**All suspected transfusion reactions (including delayed transfusion reactions) should be reported to Transfusion Medicine Laboratory using a Transfusion Reaction Report Form 00055606 Sept 2012.**