Pregnancy-Associated Thrombocytopenia

Thrombo-Guide
vom Labor zur Diagnose

Description:

Thrombocytopenia during pregnancy can arise from several distinct etiologies:

- Gestational (physiological) thrombocytopenia: Platelet counts typically remain ≥100 G/L; carries no adverse clinical sequelae.
- Immune thrombocytopenia: Triggered by immunological alterations and shifts occurring during pregnancy.
- Gestational toxicosis / HELLP syndrome: Accelerated platelet consumption; life-threatening.
- TMA, TTP, HUS: Microangiopathic platelet consumption; life-threatening.

Diagnostics:

- Comprehensive diagnostic workup analogous to ITP or TMA guidelines (see relevant sections).
- If hemolysis is accompanied by schistocytes (fragmentocytes) and an elevated LDH, a dedicated TMA workup including an ADAMTS13 activity assay is mandatory.

Treatment:

- Corticosteroids for immune thrombocytopenia.
- Expedited delivery/obstetric intervention for preeclampsia/HELLP or pregnancy-associated TMA.

Referenzen:

Thomas L, Labor und Diagnose, 2023, Release 5: https://www.labor-und-diagnose.de/index.html
Parameterkatalog des Klinischen Instituts fr Labormedizin, Med.Univ.Wien und AKH Wien: https://www.akhwien.at/default.aspx?pid=3982
Leistungsverzeichnis der Klinischen Chemie, Univ.Klinikum Ulm: https://www.uniklinik-ulm.de/zentrale-einrichtung-klinische-chemie/leistungsverzeichnis.html