Unsuccessful treatment of resistant thrombotic thrombocytopenic purpura with prostacyclin

Prostacyclin has been suggested as a useful agent for patients with thrombotic thrombocytopenic purpura (TTP) refractory to plasma-exchange. We report our unsuccessful experience with iloprost instead of the associated acetylsalicylic acid and dipyridamole. Further, we describe our unfavorable experience with iloprost treatment in a patient with TTP resistant to plasma-exchange, vinristine and high-dose immunoglobulin.

Sir,

Thrombotic thrombocytopenic purpura (TTP) is a syndrome characterized by thrombocytopenia, microangiopathic hemolytic anemia and, less commonly, fever, fluctuating neurologic abnormalities and renal impairment. The underlying pathology is disseminated thrombotic occlusion of the microcirculation secondary to an abnormal interaction between vascular endothelium and platelets. However, so far, the etiology remains elusive. The primary process might involve endothelial damage with release of ultra large von Willebrand factor (ULvWF multimers), impaired fibrinolytic activity and reduced vascular prostacyclin production. So far the role of prostacyclin is less commonly investigated.

Other authors report controversial results with prostacyclin. So far the role of prostacyclin is
still uncertain and the best treatment for refractory TTP remains an unsolved question.

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