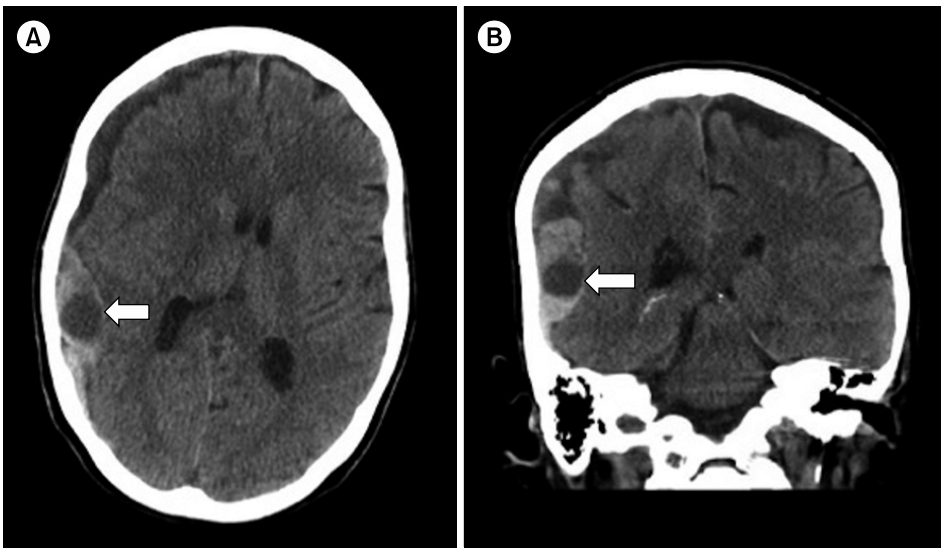
Images of Hematology
Blood Research Educational Material
BLOOD RESEARCH
Volume 54 · Number 2 · June 2019
https://doi.org/10.5045/br.2019.54.2.86

Evans syndrome diagnosed after traumatic subdural hemorrhage

Christopher S. Hong[1], Mark M. Landreneau[2,3], Ryan A. Grant[1,4]

Departments of [1]Neurosurgery and [2]Neurology, Yale School of Medicine, New Haven, [3]Department of Medicine, Trinity Health of New England Medical Group, Hartford, CT, [4]Department of Neurosurgery, Geisinger Health System, Danville, PA, USA

Received on October 1, 2018; Revised on December 4, 2018; Accepted on December 26, 2018
Correspondence to Christopher S. Hong, M.D., Department of Neurosurgery, Yale School of Medicine, 15 York Street, LCI8 New Haven, CT 06510, USA, E-mail: christopher.hong@yale.edu



A 75-year-old woman with hypertension presented with week-long malaise and diarrhea after a fall. Head computed tomography revealed a 1.5-cm-sized right-sided subdural hemorrhage with central hypodensity (arrows, **A** and **B**), which was concerning for active extravasation. Her platelet count was 8,000/μL; hemoglobin level was 3.9 g/dL. She was neurologically intact besides slight left-sided weakness. She received platelet and red blood cell transfusion within the first 24 hours; platelet count then increased to 55,000/μL and hemoglobin level to 7.7 g/dL. Blood smear demonstrated giant platelets with abundant rouleaux bodies, spherocytes, and some nucleated red blood cells. Laboratory test results showed 100% reticulated platelets, elevated reticulocyte count (9.33%), and 3+ positive Coombs test with warm autoimmune antibodies, indicating autoimmune hemolytic anemia with immune thrombocytopenia or Evans syndrome. Intravenous immunoglobulin was administered, followed by oral prednisone. Her subdural hemorrhage and clinical examination findings remained stable; thus, neurosurgery was not required. Test results for secondary causes of immune thrombocytopenia were unremarkable, including lupus, rheumatoid arthritis, hepatitis C, antiphospholipid syndrome, and autoimmune thyroid disease. Intracranial hemorrhage, albeit an unusual presentation of Evans syndrome, may be managed conservatively with prompt hematologic consultation and aggressive platelet repletion in the initial undiagnosed setting, followed by definitive immunosuppression.