

[PICTURES IN CLINICAL MEDICINE]

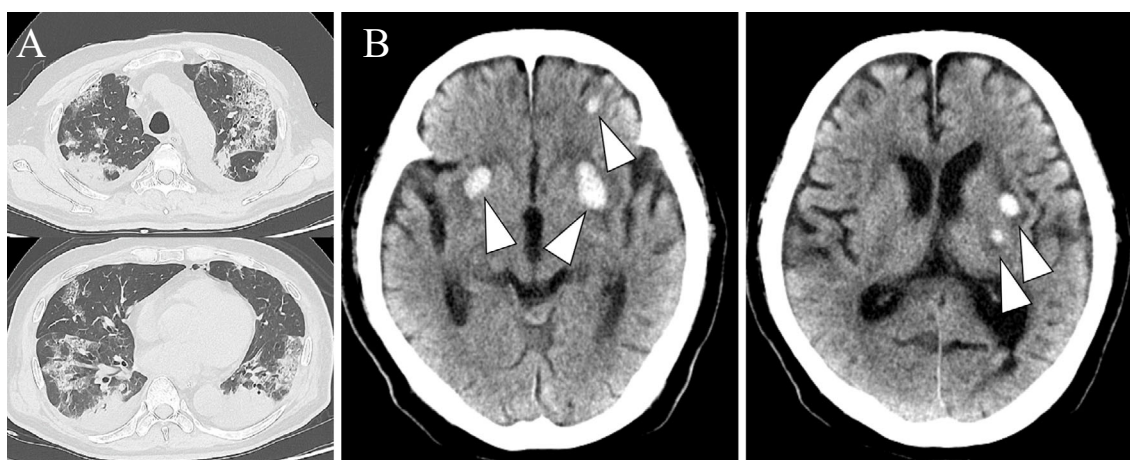
Immune Thrombocytopenia and Cerebral Hemorrhaging Associated with COVID-19

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Key words: COVID-19, ITP, cerebral hemorrhaging

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Picture.

A 70-year-old man was admitted due to SARS-CoV-19. Computed tomography (CT) revealed severe ground-glass opacity and fibrosis in both lung fields (Picture A). Three weeks after a positive COVID-19 polymerase chain reaction test, his platelet counts gradually dropped to a minimum of $3 \times 10^9/L$, while other blood cell counts were normal. Immune thrombocytopenia (ITP) associated with COVID-19 was diagnosed by exclusion of other potential entities, such as drug-induced thrombocytopenia. High dose intravenous γ globulin (HDIVG) and glucocorticoids at 1 mg/kg/day were started (1), which led to an improvement in the platelet count to $100 \times 10^9/L$ within 1 week. However, his awareness declined further, and follow-up CT revealed multiple cerebral hemorrhaging on day 15 (Picture B, arrowhead).

We considered ITP in this patient to be a complication of COVID-19, especially since he was an elderly patient with severe disease (1). Furthermore, late-occurring severe throm-

bocytopenia that might lead to life-threatening bleeding and cerebral hemorrhaging has been previously reported (2).

The authors state that they have no Conflict of Interest (COI).

References

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