DEVELOPMENT OF LIFE-THREATENING THROMBOCYTOPAENIA IN A PATIENT ON MDT AND PREDNISOLONE

Sir,

A 32-year-old man was diagnosed as having lepromatous leprosy in February 1995 at one of our field clinics. He had generalized skin infiltration, symmetrically enlarged peripheral nerves and a positive skin smear with an average BI of 4·66. He presented to the clinic in ENL reaction. He had been receiving MB/MDT privately since July 1994, and had begun ENL reaction one month before coming to our clinic.

The patient received MB/MDT with rifampicin 600 mg monthly supervised, clofazamine 300 mg monthly supervised, DDS 100 mg daily and a course of high-dose clofazamine 300 mg daily for his ENL, tapered according to response. He also began prednisolone 40 mg daily to control his ENL.

Since beginning treatment from our clinic, he continued to suffer repeated ENL reactions occurring whenever his prednisolone dose dropped below 15 mg/day and developed a typical crushingoid appearance with moon face and a buffalo hump. However, by December 1995 his ENL had subsided enough to allow the prednisolone dose to be reduced to 5 mg/day. Two weeks after reducing his prednisolone to 5 mg/day, the patient suffered a severe nose bleed necessitating his admission to the local Medical College Hospital. A blood count carried out there showed his platelet count to be only 15,000/ml. He was transfused with 8 units of fresh blood and his prednisolone increased to 60 mg/day to treat the thrombocytopaenia. Subsequently the patient made a good recovery, his platelet count in January 1996 being 125,000/ml with a haemoglobin of 13·6 g/ml and a total white count of 11,500/ml.

Thrombocytopaenia is recognized as a side-effect of rifampicin, but not of DDS or clofazamine. It is hypothesized that in this case the relatively high doses of prednisolone being given for his ENL reaction 'masked' the development of the thrombocytopaenia until the dose dropped to a low enough level (5 mg/day) for it to develop and cause his near-fatal nose bleed.

The case provides a salient reminder of the potential hazards of rifampicin therapy.

Danish–Bangladesh Leprosy Mission R. CROSS
P.O. Box 03
P O Nilphamari 5300
Bangladesh