le autor subleva illo del patiente afficite de cecitate diabetogene.

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Case Report

Thrombocytopenia Occurring During Chlorpropamide Therapy

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In some cases of diabetes mellitus, treatment with the oral hypoglycemic agents may offer certain advantages over insulin. From time to time, however, side effects from drug usage have been reported.[1-4] In the present case serious thrombocytopenia occurred during chlorpropamide therapy.

CASE REPORT

The patient was a fifty-three-year-old white woman who was first seen Oct. 12, 1961. For several months she had visited a chiropodist for treatment of a recurrent paronychial infection of the right great toe. The infection failed to respond to local measures, so removal of the nail was planned, and a urinalysis and blood count were obtained. The urinalysis was normal in every respect. The hemoglobin was 13.3 gm., RBC 4.3 million, and the WBC 19,800, with 63 per cent segmented cells, 31 per cent lymphocytes, and 6 per cent eosinophils.

The past history included three abdominal surgical procedures fifteen years earlier, resulting in the removal of the uterus, both tubes and ovaries. The patient's father had died of carcinoma of the rectum at age sixty-four; her mother was alive and well at age eighty-one.

Physical examination was negative except for blood pressure 196/94; grade I hypertensive retinopathy, a palpable, smooth, slightly enlarged thyroid, and a barely palpable liver edge. On pelvic examination the fundus of the uterus and adnexa were absent, but the cervix was present and appeared normal. A Papanicolaou smear of the cervix was negative for tumor cells.

The white count was repeated and now found to be 8,800, with 67 per cent segmented cells, 26 per cent lymphocytes, 22 per cent monocytes, 4 per cent eosinophils and 1 per cent basophils. The fasting blood sugar was 129 mg. per 100 ml. The chest X ray showed a normal-sized heart and normal lung fields. Because of the elevated fasting blood sugar, a three-hour glucose tolerance test was performed and was

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reported as follows:

Fasting	128 mg. per 100 ml.	Urine 0 reduction
½ hr.	264 mg. per 100 ml.	4+ reduction
1 hr.	278 mg. per 100 ml.	4+ reduction
2 hr.	138 mg. per 100 ml.	4+ reduction
3 hr.	172 mg. per 100 ml.	3+ reduction.

Because of the diagnosis of diabetes mellitus, she was placed on a diet of 1000 calories a day and given 250 mg. chlorpropamide daily before breakfast, beginning Oct. 27, 1961.

On Nov. 11, 1961, fifteen days later, she reported the sudden appearance of multiple small red spots on her skin. The chlorpropamide was discontinued, and she was hospitalized. She had used no other medication except an occasional Bufferin tablet. On examination there were multiple petechiae on the arms and neck with several large oval areas of subcutaneous ecchymosis on the forearms. The liver and spleen were not felt. There was no significant lympho-adenopathy. By evening the entire body was covered with petechiae, including the conjunctiva and mucous membranes, and there was gross hematuria, epistaxis and hemoptysis. The blood count was as follows: RBC 4,980,000; Hb 12.6 gm.; WBC 12,600, with 77 per cent segmented cells, 13 per cent lymphocytes, 5 per cent monocytes, 1 per cent eosinophils. No platelets were found. The bleeding time was seven and one-half minutes, and the clotting time five minutes. Clot retraction was delayed. On urinalysis the specific gravity was 1.21, there was a trace of albumin but no sugar, and many RBCs were seen in the sediment. The blood urea nitrogen was 20.6 mg. per 100 ml. The Coombs test was negative, direct and indirect, and there were no cold agglutinins. The prothrombin time was 41 per cent. The Rumpel-Leede (Dorland 1951) test was strongly positive. The sternal bone marrow revealed 4+ cellularity with megakaryocytes present in adequate numbers and normal morphology. The nucleated RBC to WBC ratio was 1:10. Erythopoiesis was normoblastic. There was a slight increase in eosinophils.

On admission the patient was given 50 mg. of hydrocortisone intravenously and Dexamethasone two .75 mg. tablets orally every four hours. She also was given 75 mg. of Vitamin K intramuscularly. On Nov. 13, 1961, (two days after onset), all evidence of gross bleeding had stopped. There were no new skin lesions and the platelet count was 172,400. The following day the platelets had increased to 349,300 and the prothrombin time to 100 per cent. By Nov. 19, the platelets were 652,600 and there were no longer any red cells in the urine. The cephalin flocculation was negative in twenty-four hours, and the thymol turbidity was five. The petechiae now started to fade rapidly. Decadron dosage was reduced gradually and discontinued on the eighth day. The patient was discharged Nov. 22, 1961, eleven days after admission, subjectively and objectively well. On examination two weeks later, the skin was clear, the urine was negative for sugar and the fasting blood sugar was 94 mg. per 100 ml. Her diet was raised to 1400 calories.

DISCUSSION

Chlorpropamide (Diabinese) is an efficient oral hypoglycemic agent, with some advantages over other available preparations in the treatment of diabetes, but occasional side effects have been observed. These reactions are usually dose-related, but they may be due to hypersensitivity and respond to withdrawal of the drug. Jaundice due to intracanalicular biliary stasis and skin reactions are the most common side effects.[1] Various selective depressions of the formed elements of the blood have been reported.[2] Thrombocytopenic purpura, however, is a rare complication. Only two other cases have been reported. The case reported by Grace in 1959[3] was similar to the one reported here. The other, reported by Haynes in 1959,[4] was probably due to chlorpropamide, but several other drugs were used at the same time.

SUMMARY

After fifteen days of treatment with 250 mg. daily of chlorpropamide, a diabetic patient developed diffuse petechiae and hemorrhagic skin manifestations associated with the complete disappearance of platelets from the peripheral smear. Withdrawal of chlorpropamide and the use of steroid therapy resulted in a prompt remission. It is very likely that the chlorpropamide caused the thrombocytopenia.

SUMMARIO IN INTERLINGUA

Thrombocytopenia Occurrente Durante un Curso de Chlorpropamida

Post dece-cinque dies de un curso de tractamento con 250 mg de chlorpropamida per die, un patiente de diabete disveloppava diffuse petechias e hemorrhagic manifestationes cutanee, associate con le complete disparition de plachettas ab un frottis de sanguine peripheric. Le suspension del chlorpropamida e le initiation de un therapia a steroides resultava in un prompte remission. Il es probabilissime que le chlorpropamida causava le thrombocytopenia.

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