Discussion
Questions

► Natural history and Treatment of refractory TTP
► When to start anticoagulation in patient with severe TTP and possible acute ischemic/thrombotic event (CVA)
► Was the change of mental status and neurologic deficits all attributable to the right SDH or refractory TTP or both?
► What would be the best course of action for management of symptomatic SDH in setting of severe TTP?
Natural History of TTP

- Untreated TTP → irreversible renal failure and death, mortality rate up to 90%

- Remission of TTP defined as:
  - Resolution of neurologic symptoms
  - Cessation of Hemolysis as evidenced by normal LDH
  - Normalization of platelet count

- Relapses are rare in pts with TTP

- Exception = pts with a severe deficiency of ADAMTS 13:
  - 50% may have a relapse, most w/i the 1st year
  - Long term → diminished frequency of relapses over time (? lower rate of relapses with splenectomy or use of rituximab)
Natural History of TTP

► Prognostic factors:

- ADAMTS13 measurements appear to be of greatest clinical value for estimating the prognosis for relapse after recovery from an acute episode, and for initial treatment of a patient who has an acute, recurrent episode.
Treatment of refractory TTP

► 10 to 20 % of patients will have a transient, incomplete, or no response to plasma therapy.

► Currently, it is not possible to reliably identify these patients in advance.

?Significance of deficiencies in ADAMTS13

► Most important principle of treatment of poorly responsive or resistant disease is to increase the "dose" of plasma exchange.

► Addition of other modalities:
  - immunosuppressive therapies may be helpful: glucocorticoids, Rituximab, ?Cyclosporine, ?Vincristine, ?IVIg
Treatment of refractory TTP

- Rituximab for patients with a more severe course and with more neurologic abnormalities
  - who do not respond to plasma exchange
  - develop worsening disease in spite of continuing plasma exchange plus glucocorticoids
  - have relapsing disease
Treatment of refractory TTP

- Other modalities:
  - Treatment of underlying infection: TTP refractory to therapy, or associated with early relapse, may be due to bacterial infection, either occult or overt
  - Splenectomy, ? heparin
Discussion

► When to start anticoagulation in patient with severe TTP and possible acute ischemic/thrombotic event (CVA)
Was the change of mental status and neurologic deficits all attributable to the right SDH or refractory severe TTP or both?
What would be the best course of action for management of symptomatic SDH in setting of severe TTP?