

CASE REPORT

Mycophenolate mofetil in a case of relapsed, refractory thrombotic thrombocytopenic purpura

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Abstract

A case of relapsing and refractory thrombotic thrombocytopenic purpura received mycophenolate mofetil (MMF) to attempt to maintain remission. The possible use of MMF in thrombotic thrombocytopenic purpura is discussed.

Key words thrombotic thrombocytopenic purpura; mycophenolate mofetil

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Introduction

Thrombotic thrombocytopenic purpura (TTP) historically has been defined as the clinical pentad of fever, thrombocytopenia, microangiopathic haemolytic anaemia, renal dysfunction, and neurological symptoms; although presentation of these symptoms is highly variable (1). Some cases are diagnosed based on evidence of only two of these features, microangiopathic haemolytic anaemia and thrombocytopenia, without another apparent aetiology. Platelet-rich microthrombi in the small vessels of multiple organs is the pathological hallmark of this disease (2). Initial descriptions of TTP reported mortality greater than 90%. Plasma therapy including both plasma infusion and plasma exchange was initiated in the 1970s and has dramatically improved TTP prognosis, decreasing the mortality rate from 90% to less than 20% (3).

one-third of all acquired TTP patients with ADAMTS 13 deficiency develop multiple relapses or persistent disease (9).

We present a case of multiply relapsing TTP which was refractory to many of the treatment modalities mentioned above; and failed a course of rituximab. Remission was achieved with plasma exchange and mycophenolate mofetil (MMF) was used aiming to maintain remission. The patient relapsed after the MMF was stopped. A second remission was induced with rituximab and MMF continued. The patient remains TTP free 1 year on.

Case report

A 63-year-old woman presented to her local hospital with a history of increasing migraines, transient numb-