Annual SHOT Report 2014 – Supplementary Information

Chapter 26: Post-Transfusion Purpura (PTP)

DATA SUMMARY
Total number of cases: n=1

Implicated components		Mortality/morbidity	
Red cells	**1**	Deaths *definitely* due to transfusion	**0**
Fresh Frozen Plasma	**0**	Deaths *probably/likely* due to transfusion	**0**
Platelets	**0**	Deaths *possibly* due to transfusion	**0**
Cryoprecipitate	**0**	Major morbidity	**0**
Granulocytes	**0**	Potential for major morbidity *(Anti-D or K only)*	**0**
Anti-D Ig	**0**		
Multiple components	**0**		
Unknown	**0**		

Gender		Age		Emergency vs. routine and core hours vs. out of core hours		Where transfusion took place	
Male	**0**	≥ 18 years	**1**	Emergency	**0**	Emergency Department	**0**
Female	**1**	16 years to <18 years	**0**	Urgent	**0**	Theatre	**0**
Not known	**0**	1 year to <16 years	**0**	Routine	**1**	ITU/NNU/HDU/Recovery	**0**
		>28 days to <1 year	**0**	Not known	**0**	Wards	**1**
		Birth to ≤28 days	**0**			Delivery Ward	**0**
		Not known	**0**	In core hours	**0**	Postnatal	**0**
				Out of core hours	**0**	Medical Assessment Unit	**0**
				Not known/Not applicable	**1**	Community	**0**
						Outpatient/day unit	**0**
						Hospice	**0**
						Antenatal Clinic	**0**
						Other	**0**
						Unknown	**0**

(ITU=Intensive therapy unit; NNU=Neonatal unit; HDU=High dependency unit)

Post-Transfusion Purpura (PTP) - Previous Recommendations

Year first made	Action	Recommendation
2013	**Royal College of Obstetricians to educate maternity departments about this complication; Blood Services will provide antibody cards for patients with clinically relevant platelet (HPA) and/or neutrophil (HNA) antibodies and these are supplied to the consultant haematologists whose responsibility it is then to inform and educate the patient**	Individuals who have been identified as having confirmed human platelet antigen (HPA)-specific alloantibodies should be informed about the potential risk of post-transfusion purpura (PTP) following transfusion and, in the case of females of childbearing potential, the possibility of neonatal alloimmune thrombocytopenia. The hospital clinician should take responsibility for informing such patients and providing an antibody card provided by the laboratory as recommended in the Guidelines for the Blood Transfusion Services
2013		Clinicians need to maintain awareness of this rare complication to facilitate prompt recognition and treatment of PTP. Treatment with high dose intravenous immunoglobulin (IVIg) should be commenced early when PTP is suspected. Serological confirmation is not required before treatment is started. Further information about PTP and advice on management is available in Practical Transfusion Medicine
2001/ 2002		Clinicians are encouraged to contact Blood Services if they suspect post-transfusion purpura (PTP) (for advice and to arrange for patient investigation at a platelet reference laboratory as required)
2001/ 2002		Clinicians need to maintain awareness of this rare but treatable complication of transfusion