

infection and serotyping of the warts would have helped if the father's penile wart was still present. HPV type 2 is the most common type found in hand warts while HPV type 6 and 11 are commonly transmitted through sexual contact. There are about 70 types of HPV virus known to date. Unfortunately our hospital does not have the facility to perform serotyping of the HPV virus. The presence of an old anal fissure is suspicious without a history of constipation but it does not imply sexual abuse per se.

The medico-legal significance of anogenital warts as a marker of sexual abuse is still unclear. However all cases of anogenital warts in children should be investigated thoroughly by the appropriate authorities. A biopsy of the lesion is mandatory and serotyping if available is helpful. A careful screen for warts and evidence of STD among other family members and the suspected perpetrator should be undertaken in all cases. This includes their HIV (Human Immunodeficiency Virus) status if warranted.

References

1. Koutsky LA, Galloway DA, Holmes KK. Epidemiology of genital human papillomavirus infection. *Epidemiol Rev* 1988;10 : 122-63.
2. Derksen DJ. Children with condylomata acuminata. *Journal of Family Practice*. 1992;34 : 419-23.
3. American Academy of Paediatrics, Committee on Child Abuse and Neglect. Guidelines for the evaluation of sexual abuse of children. *Paediatrics* 1991;87 : 254-60.

Intravenous Immunoglobulin in Idiopathic Thrombocytopenic Purpura of Pregnancy

N Sivalingam, FRCOG, P Anjalai, MBBS, Department of Obstetrics and Gynaecology, Ipoh Hospital, 30990 Ipoh, Perak

Summary

Idiopathic thrombocytopenic purpura occurs as a frequent haematological complication of pregnancy. Steroid therapy is the mainstay of treatment. Patients failing to respond to steroid therapy present special problems in labour. We describe a case where platelet counts fell below $3 \times 10^9/L$ in spite of prednisolone treatment and splenectomy. Intravenous immunoglobulin raised platelet counts for the safe conduct of labour without neonatal complications.

Key Words: Idiopathic thrombocytopenic purpura, Pregnancy, Immunoglobulin therapy

Introduction

Autoimmune thrombocytopenia or Idiopathic Thrombocytopenic Purpura (ITP) is one of the more common haematological disorders encountered in pregnancy. It is the consequence of an immune process where antibodies (AB) are directed against platelets. Managing ITP in pregnancy can be challenging especially when standard medical treatment does not bring on the desired effects for safe delivery of the mother and baby. We report here such a case where intravenous immunoglobulin was successfully used prior to delivery.

Case Report

Ms. LSY, 32-year-old G2 P1 was booked at our antenatal clinic on 20.7.1994 at 15 weeks of gestation. She had been diagnosed to have ITP in 1981 and had been on Prednisolone. She delivered her first child in 1986. Marked thrombocytopenia was reported in 1990 in spite of steroid therapy. A splenectomy was done then.

At her first presentation at our hospital she was generally well except for platelet counts which were $6 \times 10^9/L$. Prednisolone was started at 30 mg daily which was subsequently increased to 40 mg due to poor response. Her pregnancy progressed uneventfully. She was admitted on 5.12.94 at 36 weeks gestation because of easy bruising over both arms and legs. The platelet counts were noted to range between $5 \times 10^9/L$ to $13 \times 10^9/L$ in spite of Prednisolone having been increased to 60 mg daily.

Intravenous monomeric polyvalent human immunoglobulin was started at 0.4 mg/kg daily for three days beginning on 10.12.94. Platelet counts increased to :-

11.12.94	$47 \times 10^9/L$
12.12.94	$96 \times 10^9/L$
14.12.94	$195 \times 10^9/L$

She went into spontaneous labour on 15.12.94. Delivery was accomplished vaginally after $6\frac{1}{2}$ hours without an episiotomy. There were no postpartum complications.

The baby was 3.15 kg with Apgar score of 9 at 5 mins. Platelet counts in the neonate were $103 \times 10^9/L$. No

evidence of intracranial haemorrhage was detected on cranial ultrasonography.

The mother's platelet counts were maintained at about $100 \times 10^9/L$ over the next few days.

15.12.94	$112 \times 10^9/L$
19.12.94	$100 \times 10^9/L$
23.12.94	$121 \times 10^9/L$

On review 6 weeks after discharge, her baby was well. Her platelet count was $63 \times 10^9/L$. She was asymptomatic. She was maintained on oral Prednisolone 40 mg daily.

Discussion

The effects of ITP on pregnancy and the obstetric and neonatal management of this disorder has been well reviewed¹. The recalcitrantly low platelet count seen in certain patients especially at labour, inspite of adequate steroid therapy and splenectomy presents special problems in the conduct of labour. Splenectomy has generally been said to be effective in the refractory case where massive doses of steroid are needed to sustain remission. Although this is generally avoided in pregnancy, this patient already had splenectomy done and presented to us with a platelet count below $15 \times 10^9/L$. Platelet associated IgG antibodies has been implicated as the cause of severe neonatal thrombocytopenia and significant morbidity². Previous maternal splenectomy appears to be associated with an increased incidence of neonatal thrombocytopenia despite normal maternal platelet counts³.

Glucocorticoids suppress phagocytic activity of the splenic monocyte macrophage system. The aim is to taper to the lowest dose possible as high doses of steroids at or near term may increase transplacental passage of IgG antibody².

The case discussed appeared refractory to Prednisolone and splenectomy (having been done 4 years ago) close to term. The dangerously low platelet counts promoted the use of IgG as an immune modulator.

Intravenous IgG has short-term efficiency in most patients with ITP and appears to be appropriate in pregnancy especially when delivery is planned over the next 1 - 2

weeks. This compound works by short-term reticulo-endothelial blockade diminishing platelet sequestration. In the recommended dose of 0.4 mg/kg daily for 3 - 5 days, it results in consistent predictable response in 80 per cent of reported cases². Platelet counts rise on or about four days later. Remission is said to last for about three weeks. Platelet response was immediate in this case report.

Immunoglobulin therapy is expensive but needs to be kept in the armamentarium of the obstetrician especially

in life threatening thrombocytopenia, refractory to standard steroid therapy. Intravenous infusion is best started about 10 - 14 days prior to planned pregnancy, aiming for vaginal delivery in the absence of obstetric indications for Caesarean section.

Acknowledgement

The authors wish to thank the Director-General of Ministry of Health for permission to publish this article.

References

1. Cook RL, Miller RC, Katz VL *et al.* Immune thrombocytopenia in pregnancy. A reappraisal of management. *Obstet Gynaecol* 1991;78 : 578-82.
2. Hedge UM. Immune thrombocytopenia in pregnancy and the newborn. *Br J Obstet Gynaecol* 1985;92 : 657-9.
3. Carlsson HW, Mc Millan R, Crosby WH. Management of pregnancy in women with immune thrombocytopenic purpura. *J Am Med Assoc* 1980;244 : 2756-8.

^{99m}Tc Trivalent (III) Dimercaptosuccinic Acid Uptake in Medullary Carcinoma of the Thyroid

B T Sulaiman, MMed*, S A Samad, FRCR*, J M Ripin**, * Department of Radiology, Medical Faculty, Universiti Kebangsaan Malaysia, Jalan Raja Muda Abdul Aziz, 50300 Kuala Lumpur,

**Department of Nuclear Medicine, Hospital Kuala Lumpur.

Summary

This is a case report of an accumulation of ^{99m}Tc trivalent (III) dimercaptosuccinic acid (DMSA), a known agent for renal scintigraphy, in medullary carcinoma of the thyroid (MTC). This observation has not been reported.

Key Words: Medullary carcinoma of thyroid, ^{99m}Tc(III) DMSA

Introduction

All thyroid carcinomas, irrespective of histological types present as cold nodule in a Tc-99m pertechnetate and

Iodine thyroid scans. ²⁰¹Thallium Chloride scan has been shown to be taken up by all types of thyroid carcinomas, including medullary type, while a newly developed radiopharmaceutical ^{99m}Tc-labelled