Rare but numerous serious complications of acute otitis media in an infant

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ABSTRACT

Introduction: In children, acute otitis media is a common disease. Most of them recover with symptomatic treatment and antibiotic. With the introduction of antibiotics and improvement in the general care of children, complications of acute otitis media are rare. But when a child has not responded to a standard treatment, a through re-examination is warranted to detect if any complications had arisen. Here, we present a 6 months old baby who presented with intracranial complications of acute otitis media. **Case Report:** A 6 months old baby boy presented with 6-day history of fever with vomiting loose stools, irritability and became less active. Initially he was treated by the paediatric team of suspected meningitis. Physical examination revealed a bulging inflamed right tympanic membrane with air fluid level. No mastoid tenderness or swelling with an intact facial nerve was seen. Computer tomography (CT) scan showed large frontotemperoparietal extradural empyema causing mass effect and midline shift with mastoiditis and erosion of tegmen tympani. He was started on intravenous Ceftriaxone and underwent emergency parietal craniotomy, subdural empyema drainage and cortical mastoidectomy. Repeat CT scan showed significantly smaller right frontotemporoparietal subdural collection with improving mass effect and midline shift. Pus culture and sensitivity (C&S) grew Escherichia coli. The baby responded well to the antibiotic treatment given and subsequent follow up showed resolution of the disease. **Conclusion:** Acute otitis media is a common disease affecting children. Serious complications are rare. Those who are not responding to a conventional treatment need through examinations to avoid unnecessary morbidity and mortality. Teamwork approach including paediatricians, ENT and Neurosurgeons is important in managing such a case

NAIT Causing Severe Thrombocytopenia Due to Anti-HLA Class I: A Case Report

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ABSTRACT

Introduction: Neonatal alloimmune thrombocytopenia (NAIT) is the leading cause of thrombocytopenia in otherwise healthy newborns. Maternal antibodies raised against paternally inherited alloantigen carried on foetal platelet causing NAIT. Maternal IgG antibodies passed through to the foetal via the placenta, attack and cause the destruction of the foetal platelet. **Methods:** We present a case of NAIT without any complications in a premature baby (35 weeks) with vertebral defects, anal atresia, cardiac defects, tracheo-esophageal fistula, renal anomalies, and limb abnormalities (VACTERL) association, G6PD deficiency, left calcified cephalohaematoma, cardiomegaly and hypospadias with severe thrombocytopenia (platelet counts is 23 109/L) at day 2 of life and received twice platelet transfusion. Platelet count was initially 123 109/L at birth but significantly dropped to 22 109/L on day 2 of life and persistently less than 50 109/L until day 10 of life before it normalized. **Results:** Maternal serum antibody screening was negative but platelet immunology test detected maternal platelet-reactive antibody Anti-HLA Class I and correlates with incompatible parenteral crossmatch indicating that parent had "platelet-antigen incompatibility". The goal of obstetric management is to identify pregnancies at risk and prevent intracranial haemorrhage. There is no evidence to support routine screening for pregnancies as per current practice. The latest treatments include maternal administration of IV IG to suppress maternal antibody production and or to reduce placental transfer of antibodies; with or without steroids during antepartum period besides planning of mode, timing and method of delivery. **Conclusion:** This is a rare and unique case of NAIT secondary to Anti-HLA Class I antibody and hence clinician should be au fait with the diagnosis and management as it is infrequent in Malaysia.