Oral Hemorrhagic Bullae in a Case of Immune Thrombocytopenic Purpura

Conrad Benedetto, DO; Leila Ettefagh, MD; Matthew Koehler, DO
Western University of Health Sciences/Chino Valley Medical Center

CASE PRESENTATION

Chief Complaint: Black spots on the tongue

History of Present Illness: Patient is a seventy-nine-year-old man who presented to clinic with a several day history of sudden onset, asymptomatic, black nodules on his tongue and lower lip. He was also noted to have petechiae of the bilateral lower extremities. He reported flu-like symptoms one week prior to the onset of the oral lesions. He denied any trauma to the mouth.

Past Medical History: Hypertension, Hyperlipidemia, Immune Thrombocytopenic Purpura (ITP)

Medications: Lisinopril, Rosuvastatin

Family History: Non-contributory

Social History: Lives at home with wife, retired, denies alcohol/tobacco/illicit drug use, denies recent travel

Surgical History: Hernia repair

Allergies: NKDA

Physical Exam: Patient is a well-nourished, well-appearing male who presented in no acute distress. Mucocutaneous exam revealed a well-demarcated, soft, black nodule on the lower mucosal lip and plaque on the right lateral tongue. Skin exam revealed numerous scattered, non-blanchable, red to violaceous macules on his bilateral lower extremities.

Laboratory Tests: Platelet count 5,000 cells/mL, nasopharyngeal swab Influenza A positive.

Dermatohistopathology: A biopsy was performed on the mucosal lip for H&E that demonstrated squamous mucosa with extensive necrosis and hemorrhage; no other abnormalities were noted.

Patient Course/Treatment: The patient was sent to the ER for laboratory testing after a biopsy was performed. In the ER his platelet count was found to be 5,000 cell/mL and was positive for Influenza A. He was treated with multiple rounds of intravenous platelet transfusions and oral prednisone. His platelet count eventually rose to normal levels. He was treated with multiple rounds of intravenous platelet transfusions and oral prednisone. Despite initially denying any history of hematologic disorders at our initial interview, a biopsy was performed on the mucosal lip for H&E that demonstrated squamous mucosa with extensive necrosis and hemorrhage; no other abnormalities were noted.

REFERENCES