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## Pregnancy with anemia and severe thrombocytopenia secondary to vitamin B12 deficiency: A rare presentation

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**A** 24 years old Saudi Patient G3 P2 +0,35 weeks pregnancy, was admitted as an emergency case complaining of dizziness and fatigability; she also suffered of nausea all over her pregnancy. She had history of delivery of anencephaly; she was a known case of hypothyroidism. Upon admission she was pale but not jaundiced. Her Hb was 4.9 gm/dl, MCV 82.30 fl (80-101), MCH 28.80 pg (27-33), Retics% 0.18 (0.2-2), her platelet count dropped from 40,000 to 27,000 /mm<sup>3</sup> after 3 days from admission LDH 5175. Her B.P 120/80, no proteinuria, her ALT and AST was within normal. She received 3 units of packed RBCs on admission. Based on thrombocytopenia, high ESR and splenomegaly, she was thought to have connective tissue disease and she received pulse methylprednisolone for 3 days, however with no response. Later on we repeated blood film and serum B12 level which showed hyper segmented neutrophil and serum B12 was very (31.9 pmol/L; N= 148-616). It was clear at that time; the cause of severe thrombocytopenia was vit B12 deficiency. So cyanocobalamin injection started which showed within few days marked improvement in platelet count up to 260,000/ mm<sup>3</sup>, Hb 11.7 g/dl, retics% 10.9, after less than 10 days from starting vitamin B12 injections. Patient continued her pregnancy and delivered spontaneously 2270 gm with good Apgar score. We concluded that vitamin B12 deficiency should be considered as a cause of severe thrombocytopenia although it is rare.

### Biography

Youssef Abo Elwan works as a Professor of Obstetrics and Gynecology, Faculty of Medicine, Zagazig University, Egypt. He is the Head of High Risk Pregnancy Unit. He is a Faculty of Medicine Zagazig University, Egypt. He is the Member of High council Supreme for Professor Promotion in Egyptian Universities. He is also the reviewer in many national and international journals.

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