

THROMBOCYTOPENIA ASSOCIATED WITH ITRACONAZOLE IN A PATIENT WITH PULMONARY BLASTOMYCOSIS: CASE REPORT AND LITERATURE REVIEW

Zaman R, Carle Clinic Association, Urbana, United States, Reddy N, Univ. of IL at Champaign-Urbana, Urbana, United States, Main D, Houston J, Carle Clinic Association, Urbana, United States

23 year-old male presented with complaints of cough, low-grade fevers, weight loss, exertional dyspnea and pleuritic chest pain of one month duration. Imaging studies revealed right upper lobe consolidation and collapse. Bronchoscopy along with endobronchial biopsy was performed. Histopathological and microbiological results were consistent with infection due to *Blastomyces dermatidis*. There was no evidence of disseminated disease. Human immunodeficiency virus (HIV) serology was negative.

The patient was started on intravenous itraconazole 200 mg per day. Three days later, patient complained of mild epistaxis and was found to have profound thrombocytopenia with platelet count of 2000/uL. Itraconazole was discontinued. No heparin-induced platelet antibody was detected in the serum. A bone marrow biopsy revealed only an increase in megakaryocytes. The platelet count recovered within one week without requiring any supportive measures. The patient is currently on oral fluconazole, with marked improvement in both pulmonary symptoms and chest X-ray appearance. Monthly monitoring of complete blood counts and liver function tests, have revealed no abnormalities. He completes six months of therapy in April 2003.

A review of the literature revealed one case report of reversible thrombocytopenia and leukopenia associated with itraconazole.

Thrombocytopenia is a rare but serious potential side effect of itraconazole. A high index of suspicion should be maintained and platelet counts should be checked in patients who develop bleeding manifestations while receiving itraconazole.