

Sayın Editör,

**Bir Çocukta Karbamazepin Kullanımına Bağlı Ciddi Trombositopeni
(Carbamazepine-Induced Severe Thrombocytopenia In A Child)**

Thrombocytopenia is a common finding in pediatric clinics. The deficiency or functional disorder of platelets leads to some findings and symptoms in individuals. Clinically petechiae, purpura and ecchymosis are the findings of thrombocytopenia observed frequently. Its etiology can be evaluated by a careful anamnesis, a complete physical examination and some basic laboratory tests in patients with thrombocytopenic purpura.

Particularly, drug usage should not be forgotten while researching the etiology of thrombocytopenia in the history. In here, in a child case, severe thrombocytopenia due to carbamazepine was presented and, emphasizing and discussing that also drugs could take place in etiology of the disease. A nine years old male patient referred our pediatric polyclinic for widespread skin eruptions on his body for the last three days. In physical examination; weight was 26 kg (10th percentile), height was 129 cm (10th percentile). There were petechiae and purpura when pressure was applied to the lesions did not pale and was in different size in 0.1-0.5 cm diameters on the body of patient. The other physical and clinical examinations were normal in the patient. Migraine diagnosis was made him and he was using carbamazepine (15 mg/kg/day) for three months for prophylaxis. Thrombocyte count was 13000/mm³ and leukocyte count and hemoglobin level were in normal limits in complete blood count. In peripheral blood smear, the appearance thrombocytes of patients were rarely encountered. Liver and kidney function tests and the value of the routine biochemical tests were in normal limits. In the light of the history, physical examination and laboratory tests, carbamazepine therapy was given up considering that the reason of thrombocytopenia could depend on carbamazepine in the patient whom the other reasons of thrombocytopenia is not considered and the patient was followed up without using drug. Platelet count quickly increased as from 3rd day and reached 231000/mm³ on the 10th day in the follow up of the patient.

Thrombocytopenia is a common finding and has various etiologies. The drugs hold an important position among these reasons. Mostly valproic acid, fenitoin, sulfonamide, trimethoprim-sulfamethoxazole and heparin cause thrombocytopenia, but all of the drugs potentially can cause thrombocytopenia (1-4). It was reported previously that carbamazepine can cause thrombocytopenia (5).

While researching the etiology of thrombocytopenia, it can be attained by a careful history, physical examination and some basic laboratory tests. Particularly, questioning of drug usage should not be forgotten as the findings and symptoms of the diseases that would cause thrombocytopenia in the anamnesis become investigated. Thrombocytopenia depending on drugs could generally develop average 15 days later than starting to use the drug and also occur after years (5,6). Antibodies occurring related to drugs in these patients lead to immunological destruction of thrombocytes. Diagnosis is made when the reasons leading to thrombocytopenia are ruled out and the thrombocytes return to normal after giving up the drug if there is a history of drug usage. For therapy usually steroids are administered, but the benefits of this therapy are disputable. Thrombocyte transfusion, high dose steroid and intravenous immunoglobulin can be administered in serious bleeding (2). It was concluded that the decrease of thrombocyte count that gets well very quickly after giving up the drug depends on carbamazepine usage. Carbamazepine is an effective and safe antiepileptic, but while using carbamazepine it should be started in the lowest doses that would make the drug active for the patient, the patient must be informed about side effects, and watched closely in terms of haematological and hepatological side effects.

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