

SPECIALTY

Gastroenterology

CHIEF COMPLAINT

Thrombocytopenia

COMMENTS TO SPECIALIST

Patient is a 46-year-old Hispanic male with a history of cerebrovascular accident (CVA), Hepatitis C Virus (HCV), which is treatment-naïve and congestive heart failure (CHF). Referred for management of liver disease, HCV, heart failure, worsening Liver Function Tests (LFT) and thrombocytopenia.

Aspartate aminotransferase to platelet ratio index (APRI) 4.3 pts.

MAIN QUESTION

Please review the attached documents and provide recommendations for further treatment and diagnostics.



Response from eConsult Specialist

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Arista|MD

SUMMARY

Treatment options available at the primary care level.

DETAILS

Certainly, it can be low platelets due to portal hypertension from cirrhosis, given that notes mentioned possible radiologic evidence of cirrhosis on computed tomography (CT) four years ago and that he has HCV and abnormal LFTs.

There are no lab findings, such as low albumin or elevated bilirubin, nor any reported physical signs or symptoms, such as edema, ascites or encephalopathy, to further suggest cirrhosis, but they need not be present.

- Agree with a sonogram of the abdomen.
- Check coagulation.
- Also, check alpha-fetoprotein (AFP) and fibrosis score/fibrotest if available, depending on your lab.
- Ensure no alcohol (EtOH) use.
- Agree with HCV evaluation for treatment.
- Screen for human immunodeficiency virus (HIV) and hepatitis-B virus (HBV) if not already done.

If there is no active bleeding or plan for an invasive procedure or surgery, then there is no need for treatment solely of the low platelet count, which may represent platelet sequestration in the spleen and does not necessarily imply an increased bleeding risk. The patient has a history of CVA and, therefore, still likely has a benefit greater than a risk from remaining on anticoagulants and/or aspirin.

If cirrhosis is suspected, a referral for esophagogastroduodenoscopy (EGD) to screen for esophageal varices is warranted.

If, instead, the above tests point away from cirrhosis, or there is a concern for the risk/benefit of continued anticoagulant use, then consult with Hematology may be warranted.

Shivani Patel, MD

Shivani Patel, MD, Gastroenterologist

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