

Review of: "A case of Ceftriaxone-induced immune thrombocytopenia: A diagnostic and therapeutic dilemma"

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Potential competing interests: No potential competing interests to declare.

The authors reported a case of ceftriaxone-induced ITP, which is interesting in the diagnosis and treatment course. The patient's platelet count increased after changing the antibiotics into ceftazidime. There are some questions on the treatment of this patient.

1. The patient had progressively worsening multiple pain in the muscle, and was diagnosed with polymyalgia rheumatica. Whether the patient had performed blood auto-antibody tests to rule out other autoimmune diseases? Some patients with polymyalgia rheumatica were accompanied with thrombocytopenia. Could this case rule out the polymyalgia rheumatica caused thrombocytopenia? Please discuss. Was the patient responded after prednisone treatment?
2. The patient had a history of secondary hemochromatosis due to blood transfusions. What caused the patient receiving multiple times of blood transfusions which led to hemochromatosis?
3. The authors stated that the diagnosis of HIT was ruled out. Was the use of heparin ceased after platelet count decreased?
4. The patient's platelet count dropped after 1-day of ceftriaxone administration, which seemed be to short onset time for DITP. Please discuss.
5. The date of platelet transfusion and drug exchange should be more clearly stated in the text, and signed by an arrow in figure 1.
6. In the first paragraph of Discussion, spleen sequestration seems to be a kind of peripheral destruction of platelets.