

**IMMUNE THROMBOCYTOPENIC PURPURA, WHICH DEVELOPS DURING COLONIC CARCINOMA THERAPY, A CASE REPORT**

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**Introduction - Purpose :** Introduction: Thrombocytopenia is a common problem in cancer patients. Thrombocytopenia may develop secondary to radiotherapy, chemotherapy and also bone marrow involvement of the primary disease. In addition, heparin use, infections, and immuno-thrombocytopenia should be kept in mind in thrombocytopenia in cancer patients. We present a 59-year-old woman who was diagnosed with colon cancer and developed thrombocytopenia during capecitabine + oxaloplatin (capeox) chemotherapy.

**Findings :** Case: In 2015, the patient who applied to the clinic for the cause of rectal bleeding, underwent subtotal colectomy because of the high dysplasia in the multiple polypoid lesions in the colonoscopic biopsy. The pathology report is consistent with T3N1M0 colon adenocancer. After adjuvant CAPEOX chemotherapy, the disease was progressed by liver and lung metastasis. Thrombocytopenia (Platelet:15,000) was detected in the same period in the patient. Bone marrow aspiration and biopsy were performed for the differential diagnosis of thrombocytopenia. The megakaryocytes were evaluated adequately and dysplasia in bone marrow aspiration. No bone metastases were detected in bone marrow biopsy. The patient was diagnosed with immune thrombocytopenic purpura (ITP) and steroid therapy was initiated. After treatment platelet count increased to 100,000. Steroid treatment was reduced and terminated. Folfiri regimen started to K-ras mutant patient. After 6 cycles, progression was observed and Regorafenib treatment scheduled. In this period, the patient with plt: 20,000 started the steroid again. After treatment platelet count increased to 50,000.

**Discussion :** Discussion: Immune thrombocytopenic purpura is a disease characterized by autoantibodies to thrombocytes, shortening the life span of thrombocytes. Peripheral platelet destruction is attempted to be met by an increase in central megakaryocytes. The diagnosis of immune thrombocytopenia is made primarily by the exclusion of other causes of thrombocytopenia. Thrombocytopenia in cancer patients is a common problem. Thrombocytopenia is usually associated with chemotherapy drugs. The patient's thrombocytopenia started after CAPEOX chemotherapy. Immune thrombocytopenia due to treatment with oxaloplatin was considered primarily. The response to steroids also supported the diagnosis of ITP.

**Keywords:** Immune Thrombocytopenic Purpura, colorectal cancer, oxaliplatin