Carbamazepine (Tegretol)-Induced Thrombocytopenia

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We presently report on a case of severe carbamazepine (Tegretol)-induced thrombocytopenia followed by complete recovery after cessation of this drug. A strongly positive migration inhibition factor (MIF) test with the patient’s lymphocytes was found and definitely established the causality of the above-mentioned complication.

Case Report
A 31-year-old epileptic female was admitted because of diffuse purpura and ecchymoses. She was treated in the past with clonazepam, phenytoin sodium and phenobarbitone. 2 months prior to admission the treatment with phenytoin sodium was discontinued and instead carbamazepine 0.4 mg/day was administered. The peripheral blood count prior to this change of therapy was as follows: hemoglobin 12.0 g/dl, white blood cells (WBC) 6,800/mm3 with a normal differential count and platelets 230,000/mm3.

The physical examination was unremarkable except for diffuse purpura and ecchymoses. The hematological investigation revealed hemoglobin 12.6 g/dl, WBC 7,100/mm3 with a normal differential count and platelets 5,000/mm3. A bone marrow biopsy showed numerous inactive mega-karyocytes without budding of platelets. The migration inhibition factor (MIF) [1] test to carbamazepine was strongly positive, while it was negative to clomazepam, phenytoin and phenobarbitone.

Carbamazepine was immediately discontinued and treatment with phenytoin sodium 200 mg/day was reinstituted. Within a week the purpura and ecchymoses vanished and the platelet count rose to 210,000/mm3.

Discussion
To our knowledge, carbamazepine-induced thrombocytopenia was not yet documented by using the MIF test. Although rarely encountered [2-5], this complication may be hazardous considering the potential danger of intracranial bleeding especially in epileptic patients.

References