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## Neonatal alloimmune thrombocytopenia

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Fetal or neonatal alloimmune thrombocytopenia (NAIT) is the most common cause of severe thrombocytopenia in an otherwise healthy newborn. It occurs in approximately 1 in 1000 live births. NAIT is analogous to Rhesus (Rh) alloimmunization in pathophysiology. It is caused by the placental transfer of maternal alloantibodies against fetal platelet antigens inherited from the father. The transplacental transfer of maternal alloantibodies against fetal platelet antigens leads to the destruction of fetal antigen-positive platelets. Presentation of NAIT varies from an incidentally detected mild thrombocytopenia in a well newborn to life threatening in-utero or postnatal intracranial hemorrhage (ICH). Unlike Rh alloimmunization, it may present unexpectedly in a first pregnancy in 40-60% of cases. It has often been observed to be more severe in subsequent pregnancies. As such it is important that the diagnosis of NAIT be considered in the work up of all cases of neonatal thrombocytopenia in order to determine the risk to future pregnancies and corresponding management plans. In this talk the pathogenesis, and incidence of NAIT as well as the current antenatal and postnatal management of this condition will be discussed.

## Biography

Noel K Strong is a Maternal Fetal Medicine Specialist. She obtained her MD at The University of Illinois, Chicago after which she completed both her residency and subspecialty training at The Icahn School of Medicine at Mount Sinai in New York. She is currently an Assistant Professor at the same institution where she practices high risk obstetrics which includes prenatal diagnosis and fetal intervention for conditions such as Rhesus alloimmunization and neonatal alloimmune thrombocytopenia (NAIT). In 2013, she published a review on the current diagnosis and management of NAIT.

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