PLASMIC score de prédiction d'un PTT

En cas de MAT associant une anémie hémolytique, mécanique (avec des schizocytes, sans notion de %) et une thrombopénie, le PLASMIC score aide à prédire un déficit sévère en ADAMTS 13 (PTT) et à porter l'indication d'EP.

Score à utiliser avec « un bon sens clinique », difficile à interpréter par exemple chez un patient cirrhotique ictérique qui peut malgré tout avoir un vrai PTT

	Points*
Platelet count <30 × 10⁹ per L	1
Haemolysis variable†	1
No active cancer	1
No history of solid-organ or stem-cell transplant	1
MCV <90 fL‡	1
INR <1·5	1
Creatinine <2·0 mg/dL	1

INR=international normalised ratio. MCV=mean corpuscular volume. *Score of 0–4 denotes low risk for severe ADAMTS13 deficiency; score of 5 denotes intermediate risk; score of 6 or 7 denotes high risk. †Reticulocyte count >2·5%, or haptoglobin undetectable, or indirect bilirubin >2·0 mg/dL. ‡<9·0 × 10⁻¹⁴ L.

Table 3: The PLASMIC score for prediction of thrombotic microangiopathy associated with severe ADAMTS13 deficiency

	Derivation cohort (n=200)	Internal validation cohort (n=150)	External validation cohort (n=146)
0–4	0/84 (0%)	0/89 (0%)	2/47 (4%)
5	2/44 (5%)	3/32 (9%)	6/25 (24%)
6 or 7	58/72 (81%)	18/29 (62%)	61/74 (82%)

Data are number of individuals with ADAMTS13 activity of 10% or less/total number of individuals with that score (%).

Table 4: Validation of the PLASMIC score

Table 6 Suggested management of adult patients with TMA (thrombocytopenia and schistocytosis) based on risk stratification

PLASMIC score	Probability of TTPª	Management
<5	Low: <5%	Close observation Consider alternative diagnoses Send ADAMTS13 testing if no alternative cause identified
5	Intermediate: 5–25%	Send ADAMTS13 testing Obtain expert consultation Consider plasma infusion TPE if no other cause identified
>5	High: 60–80%	Send ADAMTS13 testing Obtain expert consultation Immediate TPE if high clinical suspicion for TTP

Abbreviations: TMA, thrombotic microangiopathy; TPE, therapeutic plasma exchange; TTP, thrombotic thrombocytopenic purpura.
ªQuantitative risk estimates based on approximate probabilities observed in the PLASMIC derivation and validation cohorts.[16]