A 78-year-old male, undergoing treatment with antiplatelet agents for myocardial ischemia presented at the Emergency Services with a foreign body sensation and the appearance of oral mucosa lesions of 12-h duration.

On examination telangietasias were detected in the roof of the mouth and raised lesions of varying size in the mouth, lip and tongue mucosa. The said lesions were regular in contour, with well-defined sides, a rugged surface, hard in consistency and a reddish violet colour (Fig. 1). Fibroendoscopy revealed a lesion approximately 1.5 cm in size, in the retrocricoid region, with the same characteristics as the oral mucosa lesions. The rest of the physical examination was normal. An analysis was performed on his arrival which showed a platelet count of $4 \times 10^9$/l. In a few hours the patient had developed multiple ecchymotic lesions above all in his extremities.

Idiopathic thrombocytopenic purpura (ITP) is an acquired autoimmune disease, where antibodies are created against platelets causing their destruction. The appearance of haemorrhagic lesions is a sign of severe thrombocytopenia. Other conditions which may mimic this condition are: hepatitis C virus, chronic liver disease with hypersplenism, myelodysplastic syndrome, systemic lupus erythematosus
and chronic disseminated intravascular coagulation. ITP remains a diagnosis of exclusion and treatment must be individualised. In our case, the patient was admitted to the haematology department, other causes of thrombocytopenia having been excluded, and was treated with corticosteroids and intravenous immunoglobulins.

In 48 h the lesions had become whitish in colour and were very similar to leucoplastic lesions.

After 7 days of favourable evolution the patient was discharged with complete remission of lesions and a normal platelet count.