

### Immune Thrombocytopenia Purpura (ITP)

ITP is a blood problem that affects the platelets. Platelets are blood cells that help the blood to clot. When there is a cut or injury, platelets come together to form a clot or “plug” to stop the bleeding. ITP is a disorder where the body's immune system makes proteins, called antibodies that attack and destroy normal platelets. This may lead to more bleeding or bruising than normal. The cause of ITP is not known.

There are two types of ITP:

- **Acute ITP** can last up to 12 months and is more common in young children.
- **Chronic ITP** can last 12 months or more. This occurs more often in adults, but can also affect children.

#### What are the symptoms?

Each child's symptoms are different but may include:

- Small purple or red spots, called petechiae. They look like a rash.
- Bruising, called purpura.
- Nosebleeds or bleeding gums.
- Heavy periods
- Blood in urine or stool.
- Petechiae or blood blisters in the mouth.
- Bleeding in the head. This is rare. Signs may include: a bad headache that does not get better, being very tired, vomiting that does not stop, unsteady balance, slurred speech, confusion, or seizures.



#### How is ITP diagnosed?

The doctor will do an exam and ask you questions about your child's symptoms and health. Tests will also be done. A blood sample will be taken from a vein in the arm or from a finger or heel. Tests may include:

- A **complete blood cell count (CBC)**. This test measures platelets and other types of blood cells.
- A **blood smear**. This test checks the sizes and shapes of the cells.
- Rarely, a **bone marrow aspiration and biopsy are done**. These tests check for problems with making blood cells.

#### How is ITP treated?

- Treatment depends on your child's platelet count and symptoms. Your child will be seen by a doctor who specializes in bleeding disorders, called a hematologist. The hematologist will talk with you about the best options for treatment.

## Treatments

- **Observation.** Often, no treatment is needed, and your child will be observed carefully for bleeding symptoms.
- If treatment is needed, it may include:
  - **Intravenous immune globulin (IVIG).** IVG helps the body to stop destroying platelets. This medicine is given through an IV, and your child will be watched carefully at the hospital or clinic.
  - **Steroids (a cortisone-like medicine).** These help the immune system to stop attacking the platelets. This is an oral medication that can be taken at home.
  - **Rituxan.** This destroys some of the cells which make the antibodies to attack platelets. This medicine is given through an IV, and your child will be watched carefully at the hospital or clinic.
  - There are **other medicines** to help raise the platelet count.
  - In rare cases of ITP, surgery may be done to remove the spleen. The spleen is thought to be the site where the platelets are being destroyed.

## What are the concerns for future problems?

Most children with ITP get better without further problems. Children with chronic ITP may need regular treatments and visits to the clinic. The hematology team will watch your child's labs closely. The following are important rules to follow to reduce the risk of bleeding and possible complications:

- Limit physical activities to lessen the risk of bleeding and head injury. Watch toddlers closely so they don't climb or fall.
- Avoid contact sports. Your child also should not do things like dive, skateboard, climb to high places, or "rough-house". These could cause injury and trauma to the head. Activities like running and swimming are fine as they are less likely to cause injury.
- Wear a helmet for biking. Kids should bike only on low traffic streets.
- Avoid medicines such as: Aspirin, Ibuprofen, Motrin®, Advil® or other medicines that include these drugs. They should not be used when the platelets are low. You may give your child Acetaminophen (Tylenol®) for fever.

## Please call your child's hematology team if your child has:

- Minor bruising and little red dots on the skin are common. Call if there is a sudden increase.
- Blood blisters in the mouth.
- Severe headache.
- Any injury to the head.
- Blood in the urine or stool.
- Menstrual bleeding lasting more than several days, or needing to change protection more often than every 3-4 hours.
- Problems walking or using their hands or legs.

- Slurred speech.
- Vomiting that does not stop.

**ALERT:** Call your child's doctor, nurse, or clinic if you have any questions or concerns or if your child has special health care needs that were not covered by this information.

**This sheet was created to help you care for your child or family member. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment and follow-up.**