

Patient information

Immune Thrombocytopenia (ITP)

Haematology Liverpool

What is Immune Thrombocytopenia (ITP)?

Immune Thrombocytopenia (ITP) is a condition which causes the number of platelets in your blood to be reduced. ITP was previously known as Immune or Idiopathic Thrombocytopenic Purpura. Platelets are cells that help blood to clot and they help to prevent bleeding and bruising after an injury. If you do not have enough platelets in your blood, you are likely to bruise easily or may be unable to stop bleeding if you cut yourself.

In ITP, your body's immune system destroys your own platelets. White blood cells in your blood and your spleen (an organ in your abdomen) are part of your immune system. One of their actions is to produce antibodies which help your body to fight infections. If you develop ITP, your immune system becomes overactive and produces antibodies that cause your platelets to be destroyed in the spleen; this results in a low platelet count. ITP is a type of autoimmune condition (which means your immune system is acting against your body rather than for it).

ITP in adults is more common in women than men. It is very different from ITP in children, who usually get ITP after a viral infection but who recover without any treatment. ITP in adults normally needs treatment.

Platelet Counts

A normal platelet count is between 140 and 400 thousand million platelets per litre of blood. This is usually referred to by the first three numbers (such as '140' or '400'). You are unlikely to have any bleeding symptoms unless your platelet count is below 30, and even then people often have no symptoms. Treatment isn't necessarily required just because the platelet count is low, and 40% of patients will require no treatment. If a medical procedure or operation is planned it may be necessary to give treatment to raise the platelet count to reduce the risk of bleeding even if you have no symptoms.

What causes ITP?

In ITP the immune system creates antibodies which cause the destruction of platelets. In some people this can follow stimulation of the immune system by an infection, vaccination or some medications, but in many patients there is no identified cause.

Some people with ITP have other autoimmune conditions, such as rheumatoid arthritis, or infections such as hepatitis or HIV. If you have any of these medical issues, your ITP may be treated slightly differently.

How is ITP diagnosed?

There is no single test to diagnose ITP. The diagnosis is made on a combination of symptoms, a clinician examining you and blood tests. For some patients, more tests may be advised such as scans or taking a sample from the bone marrow. This may be suggested when you are first diagnosed or later on if there is a change in your condition.

Treatment of ITP

There are a number of different treatment approaches for patients with ITP, including no treatment and a range of different medications that can be used at different points in the patient journey. More information is available in a separate leaflet "Treatments for ITP" and individual leaflets on the different treatments.

The treatment of ITP is individual, and your treatment plan will be created with you by your ITP team. ITP treatment should:

- Be tailored to the duration and the severity of your ITP.
- Prevent severe bleeding.
- Improve platelet count to or above $20 - 30 \times 10^9/L$.
- Minimise side effects.
- Improve your health-related quality of life.

What symptoms should I look out for?

People with ITP often have no symptoms, even with low platelet counts. There are some symptoms and signs which you should be aware of, and if you develop any of these you should seek medical attention (either through your ITP team or if you are unwell or have signs of bleeding through your nearest Emergency Department). The things to be aware of are:

- Unusual, unexplained bruising, or bruising easily.
- A rash of small dots (petechiae) which does not blanch (go pale) with pressure. Often these appear on the lower parts of your legs, but can be anywhere.
- Bleeding from any area of your body including your gums.
- Blood blisters in your mouth or on your tongue.
- Regular nosebleeds that take a long time to stop.
- Heavy menstrual periods.
- Blood in the urine or when opening your bowels (your stool can be very dark in colour or black).
- Intracerebral bleeding (bleeding into the head) is very rare, but can cause severe headaches, blurred vision or loss of consciousness in some cases.

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Further information

If you have any questions or queries please contact

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