

### When to seek help?

When your child is sent home you will be given a clinic appointment for review at the hospital and an emergency number (the phone number to the children's ward). You should contact the hospital in the following circumstances:

- A prolonged (over 30 minutes) nosebleed which will not stop despite pinching the nose
- Prolonged gum bleeding
- Blood in the stool or urine
- Following a head injury
- Persistent or severe headache
- Vomiting or drowsiness

Children on steroids are at a greater risk of a severe form of chickenpox. If your child has not had chicken pox then contact the hospital. If your child is in direct contact with someone who has chicken pox or who develops chickenpox within 7 days of contact.

For further information go to [www.invizo.co.uk](http://www.invizo.co.uk)



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# ITP

Immune Thrombocytopenia



### What is ITP?

ITP (Immune thrombocytopenia) is a rare bleeding disorder in which the body's immune system destroys platelets in the blood.

### What are Platelets?

There are three main type of cells in your blood; red cells (which carry oxygen), white cells (which fight infection) and platelets (which stop bleeding and bruising).

A normal platelet count is between 150 to 400. With ITP the platelet count can go very low, sometimes even to zero.. Symptoms can include bruising, petechiae (pin point spots) and nose bleeds. ITP can affect anyone at any age but children generally recover within 6 weeks of diagnosis.



### How is it diagnosed?

When you arrive at the hospital a small blood sample will be taken from your child in order to determine the number of platelets and also to look at the shape and characteristics of the other cells in the blood to ensure there is no other disease process that needs treating.

### How is ITP treated?

Most children do not need any treatment unless they have severe bleeding, and most children improve whether or not treatment is given.

### 1) No treatment

The majority of children with ITP have a low platelet count but do not have dangerous bleeding. If severe bleeding is not present at the time of diagnosis then it is very rare for dangerous bleeding to develop later. Without treatment most children will have a platelet count > 20 within 5 days and a normal platelet count by six months.

### 2) Steroid treatment

Steroids are sometimes given to children with ITP on a short-term basis in an attempt to raise the platelet count

### 3) Intravenous immunoglobulin

Immunoglobulins are antibodies which can reduce platelet destruction. Immunoglobulin treatment requires hospital admission and the benefit will usually last about a month.

### 4) Tranexamic acid

Tranexamic acid does not increase the platelet count but does help the blood to produce clots. It is particularly useful for gum or nose bleeds.

### 5) Anti – D (WinRho)

WinRho can be used in Rhesus positive children (about 85% of children). WinRho is similar to immunoglobulin in producing antibodies which the immune system targets rather than the platelets.

6) Rituximab. This is an antibody based treatment that reduces the breakdown of platelets by the immune system.

### 7) Splenectomy

In ITP the majority of platelets are destroyed in the spleen. Removing the spleen (splenectomy) is often effective in preventing early destruction of the platelets. Splenectomy is however a major surgical procedure and carries a long term risk of severe infection.

### What is the outlook for children with ITP?

Many children, particularly younger ones, suddenly improve within six weeks, whether or not treatment has been given. Three out of four children will have improved by 6 months after the start of ITP. Even those who fail to recover completely will reach a platelet count over 20 and have fewer bleeding problems.



*“Many Children, particularly younger ones, suddenly improve within 6 week”*

After six months about 25% of children will fully recover over the following year and over half will recover over several years. When ITP recovers about one in 20 children will have a further occurrence in the future.

### What about school?

Once the platelet count exceeds 20 most children can return to school under close supervision and with avoidance of activities likely to involve trauma. The sensible use of helmets an shin pads can help reduce bruising in patients with a low platelet count.