



Platelet Counts in ITP

What is ITP?

ITP (idiopathic/immune thrombocytopenic purpura) is a blood disorder characterized by a reduction in one type of blood cell. **Thrombocytopenia** means that there are too few thrombocytes, or platelets. The cause of ITP is unknown, but the presence of a certain type of antibody suggests that the immune system plays a role.

Patients with ITP often suffer from **spontaneous bleeding**, seen as bruises (**purpura**), small blood spots on the skin (**petechiae**), bleeding gums, or unusual nosebleeds (**epistaxis**). Both children and adults can have ITP, though children usually recover in about 6 months, whether they are treated or not. Adults seem to have more difficulty and medical treatment is often required. The disease in teens is more similar to the disease in adults.

ITP itself is not contagious, but it may be a result of other diseases such as hepatitis or HIV that are contagious. Ask your doctor for more information.

What are platelets?

Platelets are blood cells that are important for the formation of blood clots. They sense when a clot is needed, such as when a wound is suffered. This “activation” initiates a complex series of events resulting in formation of a blood clot. In ITP, the platelet number is insufficient to form clots and inappropriate bleeding results. Platelets are also used to maintain the integrity of blood vessel walls.

What is my platelet count and why is my doctor concerned with it?

Your doctor has probably drawn blood to analyze your platelets. This serial measurement is the best way to monitor your condition and how you respond to therapy. Platelets are counted and reported as a number per liter of blood. Usually treatment will be prescribed if your count is below 20,000 to 30,000 cells per cubic millimeter (mm^3 or μL), and sometimes at higher counts if there are other circumstances. If the count is above 50,000 platelets/ mm^3 , generally no treatment is needed. A platelet count between 100,000 and 300,000 platelets/ mm^3 is considered normal. Your doctor will also look at your blood under the microscope to help confirm the diagnosis.

What type of therapy will my doctor recommend?

There is a variety of **therapeutic options for ITP**, and your doctor will counsel you on which is most appropriate. Often a corticosteroid is the first choice, and immunosuppressants, immunoglobulins, platelet transfusions or removal of the spleen (**splenectomy**) are recommended for patients who do not respond to first-line measures. These drugs work by slowing platelet loss or by altering the immune system. New drugs that stimulate platelet formation and development (**thrombopoietics**) are in clinical testing but are not yet available for prescription. Your doctor will explain the benefits and risks of the different options, as well as the possibility of enrolling in clinical trials.