Immune Thrombocytopenia Purpura (ITP)

What is ITP?

Immune thrombocytopenic purpura, often referred to as ITP, idiopathic thrombocytopenic purpura and immune thrombocytopenia, is a rare bleeding disorder associated with decreased number of platelets which is known as thrombocytopenia.

Platelets are disc-shaped fragments that are formed in the bone marrow and then circulate in the blood to initiate clot formation. If a blood vessel is damaged (for example, by a cut) the platelets gather at the site of injury, stick together and form a plug to stop the bleeding. On average, platelets will last 8-10 days circulating in the blood before dying and being replaced by new platelets.

In people with ITP, platelets are coated with autoantibodies that shorten their lifespan and prevent them from being effective in the blood. The bone marrow tries to compensate for the lack of functional platelets by producing more platelets. Sometimes the bone marrow cannot keep up with the high turn-over of platelets which results in thrombocytopenia.

What causes ITP?

The cause of primary ITP is unknown and can affect both children and adults. It is not contagious.

Secondary ITP can occur in association with chronic Hepatitis C viral (HCV) infection, Human immunodeficiency virus (HIV) infection and H Pylori infection. The treatment focuses on the infection and virus, however, close monitoring of platelet counts and bleeding is recommended.

What are the symptoms of ITP?

The main symptoms of ITP are caused by the decreased level of platelets. If a person's platelet count is low, they have a higher risk of bleeding, and tend to bruise easily.

Some people with ITP may experience bleeding to the skin which is called petechiae; these are tiny red dots caused from broken blood vessels. There is also a risk of internal bleeding so it is important to report any trauma, injuries or internal pain to the medical team.

How is ITP diagnosed?

ITP is a diagnosis of exclusion. If thrombocytopenia is present but other blood cells (like red and white blood cells) are also low, further tests will be performed to exclude conditions like leukaemia, aplastic anaemia & myelodysplastic syndrome. A bone marrow biopsy may be required but is not routinely done.

ITP can be categorised into three levels of diagnosis; newly diagnosed (up to 3 months from diagnosis), persistent (3 to 12 months from diagnosis), or chronic (lasting for more than 12 months).

leukaemia & blood cancer new zealand
our mission is to care, our vision is to cure

How is ITP managed?

There is no cure for ITP however for some people, their symptoms may disappear and they achieve remission. Children who have been diagnosed with ITP will often achieve spontaneous remission whereas adults are less likely to and may need medical treatment to manage side effects.

The aim of ITP treatment is to increase platelet numbers and reduce side-effects of thrombocytopenia. The management of ITP is tailored to the individual and considers the severity of bleeding, the desired platelet count, and possible side effects.

Treatments may include:

- Steroids, usually for the initial management of acute ITP.
- IV immunoglobulin (IVIG).
- Medications to boost or control your immune system.
- Chemotherapy.
- Platelet transfusions may be required to control bleeding but are not recommended for regular preventative (prophylaxis) treatment.
- Splenectomy may be an option for some people with an enlarged spleen not responding to medications.
- Thrombopoietin receptor agonist medications.
- Tranexamic acid may also be used to reduce the chance of bleeding.

Patients with ITP may not need any treatment for a period of time and will be placed on active monitoring (also known as watch and wait). Active monitoring means your medical team will regularly monitor your condition and will likely involve routine blood tests. For more information ask your LBC Support Services Coordinator for an 'Active monitoring' fact sheet.

Symptoms to monitor and report

- Uncontrolled bleeding is often the most likely symptom to report to your medical team. A major loss of blood may require monitoring and treatment in hospital.
- Common bleeding occurs from cuts, scratches, nose bleeds and brushing/flossing teeth. It is important to immediately try and stop the bleeding by applying constant and firm pressure on the area with a clean and dry towel/tissue.
- Females should monitor their menstruation and report any heavy bleeding or prolonged periods.
- Internal bleeding/haemorrhage is one of the most serious complications of ITP. Intercranial haemorrhage (bleeding around the brain) is a serious life threatening complication and your medical team should be contacted immediately. Symptoms of intercranial haemorrhage may include headache, blurred vision, change or loss of consciousness, increased feeling of sleepiness. It is rare for this to occur unless the platelet count is severely low.

Looking after your health

It's important to try and have a balanced lifestyle with a focus on quality sleep, nutrition and regular exercise.

Keeping a record of your blood counts, hospital appointments and symptoms is important.

Ask your LBC Support Services Coordinator for an LBC journal.

For more information please contact Support Services on 0800 15 10 15 or supportservices@leukaemia.org.nz

leukaemia.org.nz

leukaemia & blood cancer new zealand
our mission is to care, our vision is to cure