RAMA UNIVERSITY

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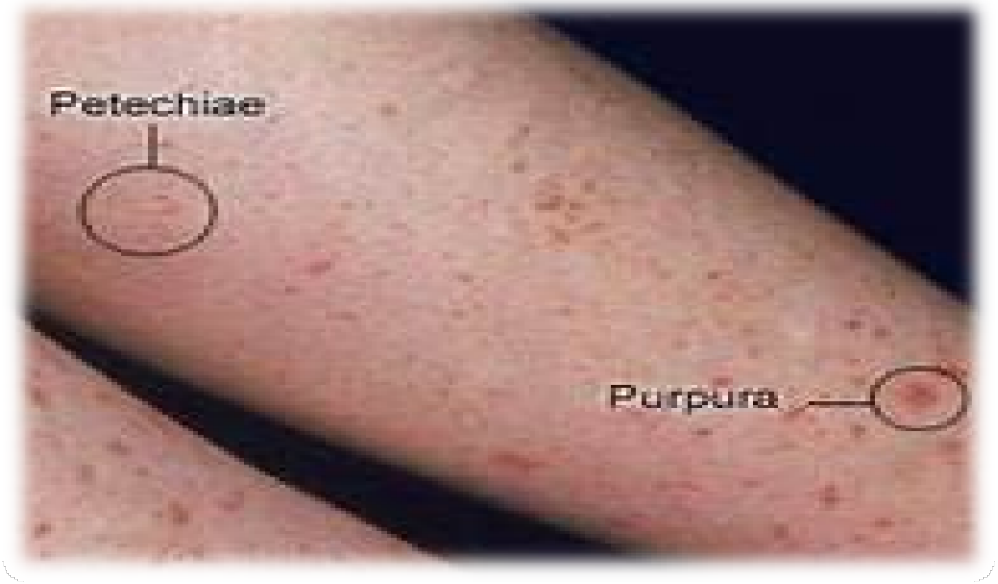
FACULTY OF NURSING

IMMUNE THROMBOCYTOPENIA PURPURA



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Definition

- Immune thrombocytopenia (ITP) is a disorder that

Can lead to easy or excessive bruising and bleeding.

The bleeding results from unusually low levels of

Platelets — the cells that help blood clot.

OR

Immune thrombocytopenia is also called Idiopathic thrombocytopenic purpura. It is a blood disorder characterized by an abnormal decrease in the number of platelets in the blood.

Type

There are two forms of ITP:

- ***Acute thrombocytopenic purpura*** — This is most commonly seen in young children (2 to 6 years old). The symptoms may follow a viral illness, such as chickenpox. Acute ITP usually has a very sudden onset and the symptoms usually disappear in less than six months (often within a few weeks). The disorder usually does not recur. Acute ITP is the most common form of the disorder.

- ***Chronic thrombocytopenic purpura*** — The onset of the disorder can happen at any age, and the symptoms can last a minimum of six months to several years. Adults have this form more often than children, but it does affect adolescents. Females are two to three times as likely as males to contract this form of the disease. Chronic ITP can recur often and requires continual follow-up care with a blood specialist (hematologist).

Causes

- immune system mistakenly attacks and destroys platelets, which are cell fragments that help blood clot.
- In adults, this may be triggered by infection with *HIV, hepatitis or H. pylori* — the type of bacteria that causes *stomach ulcers*. In most children with ITP, the disorder follows a *viral*

Symptoms

Immune thrombocytopenia may have no signs and symptoms. When they do occur, they may include:

- Easy or excessive bruising
- Petechiae that look like a rash, usually on the lower legs
- Bleeding from the gums or nose
- Blood in urine or stools

Diagnostive Evaluation

- History collection
- Physical examination
- A complete blood count (CBC),
- Additional blood and urine tests
- Careful review of the child's medications
- A bone marrow aspiration

Treatments

- Specific treatment for ITP will be determined by your child's physician based on:
- Your child's age, overall health and medical history
- Type of disorder (acute versus chronic)
- Severity and extent of the disorder
- Your child's tolerance for specific medications, procedures or therapies
- Expectations for the course of the disease
- Your opinion or preference

Many children with ITP are able to spontaneously recover in about 2 to 4 days. When treatment is necessary, the two most common forms of treatment are:

- **Steroids,** which help prevent bleeding by decreasing the rate of platelet destruction. Steroids, if effective, will result in an increase in platelet counts seen within two to three weeks.

- **Intravenous gamma globulin (IVGG),** a protein that contains many antibodies and also slows the destruction of platelets. IVGG works more quickly than steroids (within 24 to 48 hours)

Other treatments for ITP may include:

- Rh immune globulin
- Infection treatment
- ***Hormone therapy*** — Teenage girls may need to take hormones to stop their menstrual cycle when their platelets are low if excessive bleeding occurs.
- ***Splenectomy*** — In some cases , the child's spleen may need to be removed since this is the site of


Thank You!