

Immune Thrombocytopenia (ITP)

What is ITP?

ITP is a bleeding disorder where there are fewer platelets in the blood than usual. Platelets help to clot the blood. If a child has a shortage of platelets they will bruise easily and may have other bleeding problems.

ITP occurs in around one out of every 10,000 children. The risk of any serious complication from ITP is rare.

In most children the condition will settle down quickly. The platelet count usually returns to safe levels within a few weeks. In a small number of children, the platelet count does not return to normal, even after 6 to 12 months, and further investigation may be required.

What causes ITP?

The cause is unknown, but it can follow a viral infection.

Signs and symptoms

- Bruising
- Nosebleeds or mouth bleeding
- Red pinpoint spots on the skin (petechial rash)

Diagnosis

ITP is usually diagnosed with a blood test called a 'full blood count'. The sample of blood is examined under a microscope to rule out other conditions.

Management

Most children will be able to be discharged home with no treatment; however your doctor will discuss the best management option for your child. The condition will get better spontaneously and your child can be monitored by your GP in conjunction with PCH.

You will need to attend the hospital and your GP to monitor the progress of the condition. It is important that you come to all follow up appointments.

Treatment is usually for patients who have serious bleeding.



- Steroids are sometimes used to raise the platelet count quickly for a short period of time. They should only be given for 4 to 7 days. When they are stopped the platelet count may drop again.
- Tranexamic acid may be used for bleeding from the nose, gums or mouth, or heavy periods. It must not be used if there is blood in the urine.
- Intravenous gamma globulin may be given when bleeding is life threatening

Care at home

- Children with ITP should not take aspirin or ibuprofen (eg Nurofen®), as this may increase bleeding. Paracetamol (e.g. Panadol®) is safe.
- While your child has ITP, they should attend school but they should not do activities which might cause bruising or bleeding (e.g. playing on climbing equipment, trampolines, skateboards, cycling, contact sports, and rough physical activity).

When to seek help

When your child is sent home, you will be given a clinic appointment for review at the hospital within two weeks.

If your child has a minor injury such as a graze to a knee or a small cut you should use normal first aid measures such as RICE (**R**est, **I**ce, **C**ompression, **E**levation).

You should return to hospital in the following circumstances:

- If you think your child is seriously unwell
- A prolonged (over 5 minutes) nosebleed which will not stop despite pinching the nose
- Prolonged bleeding from the mouth, gums, cheeks or throat
- Coughing up blood
- Painful muscles or joints
- Following a heavy blow to the head

Bleeding into the brain (intracranial haemorrhage - ICH) is a rare (<0.5%) complication of ITP. You should return to hospital and ask the staff to consider ICH if your child has:

- Persistent or severe headache
- Vomiting or drowsiness

Further information is available from the following resources:

[UK ITP Support - https://www.itpsupport.org.uk/index.php/en/itp-in-children](https://www.itpsupport.org.uk/index.php/en/itp-in-children)

<http://www.melbournehaematology.com.au/fact-sheets/idiopathic-thrombocytopenia-purpura-itp-in-children.html>



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Produced by Emergency Department
Ref: 173 © CAHS 2020 Rev 2023

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