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The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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Immune Thrombocytopenic Purpura (page 1 of 2)

What is immune thrombocytopenic purpura (ITP)?

Immune thrombocytopenic purpura is a rare problem characterised by a low number of platelets in the blood.

Immune refers to the body's defence system against infection.

Thrombocytopenia means the platelet count is low.

Purpura are purple spots on the skin that do not lose their colour when pressed.

Blood is made up of 3 main parts:

- **Haemoglobin** which carries oxygen and makes the blood red.
- **White cells** which fight infection.
- **Platelets** which are small and sticky and help to make clots and scabs.

When there are fewer platelets than normal it can cause bruising and/or bleeding.

What are the symptoms of ITP?

Most children with ITP will have pin prick blood spots on the skin and some bruising. Bruising happens more easily than normal. The children are often otherwise well. A few will have nosebleeds or blood blisters in their mouth. Girls may have heavier periods. Rarely there can be serious bleeding from the gut (blood in the poo) and very rarely there can be serious bleeding inside the brain or other major organs.



What causes ITP?

ITP usually follows a viral infection or immunisations although most children who have infections / immunisations will not get ITP. A very small number of children will also have other health issues. ITP is caused by the body attacking the platelets and destroying them. A healthy person will have 150 to 400 thousand platelets per millilitre of blood. In ITP this number drops and may be as low as one or even zero.

What is the treatment for ITP?

Blood tests will be done to confirm the diagnosis and rule out other

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causes of a low platelet count. Blood tests are repeated about a week later to make sure nothing has been missed. Most cases do not need any treatment and get better quickly. Some cases can last longer. If treatment is needed then the doctor will talk to you about it. Some children will need other tests such as bone marrow examination.

What happens next?

You will be given the results of the blood tests and then you can go home. You will be given an appointment for repeat blood tests and review in 7-10 days time.

You will have open access to the children's ward – please phone 01722 336262 ex 4201 if you are worried about your child.

Advice

- Do not use medications such as ibuprofen, aspirin or diclofenac (Voltarol)
- Paracetamol is fine and can be used safely.
- Take sensible precautions at home – for example making sure that your child wears a helmet when cycling
- Avoid contact sports as much as possible
- If your child is seeing a dentist or other doctors, please tell them that your child's platelet count is low, as special precautions may need to be taken for tests or treatments.

When to contact the paediatric department


Please contact us if your child has:

- a nosebleed lasting longer than 30 minutes (despite pinching the nose)
- prolonged bleeding in the mouth or from the gums
- blood in the poo or urine
- very dark and offensive smelling poo
- blood in the vomit
- persistent or severe headache
- vomiting or drowsiness.

If you have questions or are concerned about your child in any other way then please contact the paediatric department.

Telephone number for the Paediatric Department: 01722 336262 ext 4201 or 2560.

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