

Further information can be obtained from:

NHS 111	Dial 111
Or contact your GP	
Bluebell Ward, Lister Hospital, Stevenage	01438 284008
Children's Day Services, Lister	01438 286315
Children's A&E, Lister	01438 284333
QEII Urgent Care Centre Welwyn Garden City	01707 247549
Lister Community Children's Nurses	01438 284012
QEII Community Children's Nurses	01438 288370
Patient Advice and Liaison Service	01438 285811

Idiopathic Thrombocytopenic Purpura (ITP)

Child Health Patient Information Leaflet

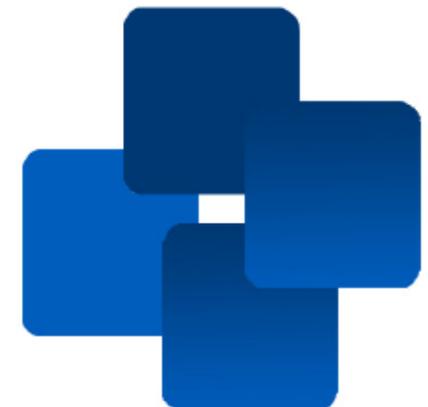


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www.gosh.nhs.uk

www.enherts-tr.nhs.uk

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information in a
different format or
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Introduction

The purpose of this leaflet is to explain the cause and treatment of Idiopathic Thrombocytopenic Purpura (ITP).

What causes ITP?

In children, a viral infection e.g. a cold, may be a trigger for the production of abnormal antibodies. ITP is caused when the body produces antibodies that destroy the platelets in the spleen. We do not fully understand why the body produces these antibodies.

Platelets are the smallest cells and play an essential role in stopping bleeding from damaged tissues. The spleen is the largest of the lymph organs. It produces antibodies and filters out damaged red blood cells.

How common is ITP?

ITP is more common in children than adults. ITP occurs in one out of every 10,000 children, so it is quite rare.

Symptoms

- Bruising
- Nosebleeds or mouth bleeding
- Petechial rash (pinpoint red spots)

Possible tests to diagnose ITP?

A blood test, known as a full blood count examination (FBC), can detect anaemia and various other blood problems.

A bone marrow examination may occasionally be needed to find the cause of anaemia and other blood cell problems.

Treatment of ITP

Your doctor will discuss the best treatment option for your child.

Usually no treatment is needed unless significant bruising and bleeding occurs. The vast majority of children will improve whether or not treatment is given.

Treatment aims to relieve symptoms rather than cure the condition itself. Treatment depends on the child's symptoms rather than the platelet count.

Treating severe symptoms

The options for treating severe symptoms of ITP include:

- Steroids (prednisolone) may raise the platelet count, but is not usually necessary.
- Intravenous gamma globulin - sometimes used, but is also not usually necessary.

You may need to attend for blood tests from time to time to monitor the progress of the condition. It is important that you attend follow up appointments.

Managing ITP

Children with ITP should not take Ibuprofen (a pain killer) because this may provoke bleeding. Paracetamol is quite safe.

While the platelet count is very low, your child **should not** take part in contact sports but may attend school.

As the count rises some activity will be allowed, but your child **should not** do more intense activity i.e. contact sports, cycling, and other rough physical activity should be avoided until your child's doctor advises.

Recovery

In most children the platelet count is often up to safe levels within a week or two, but it may take longer to fully return to normal.

In a very small number of children the platelet count does not return to normal even after 6 to 12 months, and further treatment may be advised.