

Care at home

Children with ITP should not take aspirin or ibuprofen as it may provoke bleeding. Paracetamol is safe.

While the platelet count is low, your child may be advised to avoid activities which might cause bruising or bleeding, e.g. staying off bicycles or climbing frames and avoiding rugby or karate.

As the platelet count rises, more activity will be allowed but rough physical activity may need to be avoided until your doctor suggests it is okay.

Children with ITP should not receive intramuscular injections unless it has been agreed by their doctor.

When to seek help

You should bring your child to paediatric emergency department if any of the following occur:

- A nosebleed lasting longer than 30 minutes which will not stop despite pinching the nose.
- Prolonged gum bleeding.
- Blood in the stool or urine.
- An injury to the head.
- Persistent or severe headache.
- Vomiting or drowsiness.

If you need advice, please ring Ifor Ward (children's ward) on 020 7288 5442.

Follow-up

Your child will need to attend for blood tests to monitor progress of the condition.

Further information

www.itpsupport.org.uk

Immune thrombocytopenia (ITP) in children

A parent's guide

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What is immune thrombocytopenia (ITP)?

Immune thrombocytopenia (ITP) is a blood disorder which affects the platelets.

Platelets are one of the three types of blood cell, along with red blood cells and white blood cells. Their job is to help form clots and stop bleeding. Platelets, like red and white blood cells, are formed in the bone marrow.

ITP is a medical term for a condition in which there are fewer platelets in the blood than usual (thrombocytopenia). It occurs when the immune system produces antibodies against platelets.

What are the symptoms of ITP?

The main symptoms are:

- bruising
- bleeding from nose or gums and
- petechial rash (pinpoint red spots) on skin.

Even children with a very low platelet count have only a very small risk of serious bleeding.

How is ITP diagnosed?

It is usually diagnosed using a blood test called a 'full blood count'. A sample of

blood is examined under a microscope to look at each blood cell type closely.

This is to rule out other conditions that may cause similar symptoms to ITP. In some cases, a bone marrow test may be necessary to check that the marrow is working properly. Your doctor will discuss this with you if it is required.

What causes ITP?

It is not certain what causes ITP, but it can follow childhood viral infections, like a cold. This may trigger the body to produce antibodies to destroy the virus but which attack the platelets as well. This causes them to be destroyed more quickly than usual, and the bone marrow cannot keep up and produce new ones quickly enough. This leads to a low platelet count.

How common is ITP?

About four in every 100,000 children develop ITP each year so it is rare.

How is ITP treated?

There are several treatment options which your child's doctor will discuss with you. Most children do not require any treatment unless they have significant bleeding.

The majority of children improve whether they do or do not receive treatment. If treatment is required, the type of

treatment recommended depends on the child's symptoms rather than their platelet count. The various forms of treatment aim to relieve symptoms rather than cure the condition itself. The options for treating severe symptoms of ITP include:

- **Tranexamic acid**
This does not increase the platelet count but does help the blood to produce clots and can be used for nose bleeds or gum bleeds.
- **Steroids**
Steroids are sometimes used for a short period to attempt to increase the platelet count.
- **Intravenous immunoglobulin**
Immunoglobulins can reduce the level of platelet destruction.
- **What is the outlook for children with ITP?**
The risk of any serious complication from ITP is very low. The majority of children improve within a few weeks or months, whether they do or do not receive treatment. Nine out of ten children will have improved within the first year after diagnosis.