

Immune Thrombocytopenia (ITP) in children

Patient Information Sheet

What is Immune Thrombocytopenia?

Immune Thrombocytopenia (ITP) is a bleeding disorder that is caused by a shortage of platelets in the blood. Platelets are small cells in the blood that form a plug to help stop bleeding and bruising when a blood vessel is damaged. Children with ITP do not have enough platelets to plug the source of bleeding.

What causes ITP?

The exact cause of ITP is unclear, but it involves activation of the immune system. Once activated the body produces antibodies which leads to the destruction of platelets in the spleen and elsewhere. This is known as an “autoimmune” disorder. Possible triggers may include viral infections.

How common is ITP?

Newly diagnosed ITP is relatively uncommon in children, affecting 1-3 in every 10,000 children.

What are the symptoms of ITP?

Common minor symptoms include:

- Easy bruising
- Red pinpoint spots on the skin (known as petechiae)
- Nose bleeds or mouth bleeding
- Excessive bleeding/bruising with injuries
- Prolonged menstrual bleeding in young women

Serious bleeding in children with ITP, such as bleeding into the brain and other internal bleeding, is rare.

How is ITP diagnosed?

ITP is diagnosed by combination of the child’s history, physical examination findings and blood tests showing a low number of platelets, without any other abnormality. In typical cases, the diagnosis can be made on these findings alone without the need for further investigations.



What is the treatment of ITP?

The majority of children with ITP will get better by themselves usually within 12 months of diagnosis. The management of ITP is not focused on the platelet number but treating any serious bleeding symptoms your child has.

It is important to note that treatments used in ITP may have side effects, and although they may increase the platelet count while your child is being treated, they do not alter their recovery from ITP.

Children with no or only minor bleeding or bruising may not require any treatment. These children still need to be monitored by their treating doctor, to ensure there is no bleeding which may require treatment.

For children who develop more serious bleeding, there are treatment options available to increase their platelet numbers which will help stop bleeding. The main treatment options include corticosteroids (such as prednisone) and intravenous immunoglobulin (IVIg, Intragam).

What happens when I go home?

After discharge home, your child will need to come back to see your treating doctor. The time between visits depends on your child's symptoms. Please discuss this with your treating doctor.

Children with ITP should be able to participate in most activities and attend school. They will need to avoid activities that pose a risk of serious bleeding or head injury, such as climbing equipment, contact sports such as rugby or AFL and martial arts. These activities need to be avoided until the platelet count improves and can be discussed with your treating doctor.

If your child has a small cut or graze, apply normal first aid measures such as pressure and a band aid to stop the bleeding. This may take longer than usual.

Certain medications can interfere with how platelets work and should be avoided while the platelet count is low. These include:

- aspirin
- non-steroidal anti-inflammatory medications (NSAIDs), such as ibuprofen (Nurofen)

Some over the counter medications and herbal supplements/remedies also contain compounds which can stop platelets working correctly. Please seek medical advice before giving any of these substances to your child.

In a small number of children, the platelet count does not return to normal after 12 months. This is known as chronic ITP and may require further investigation. Many children with chronic ITP will still recover a normal platelet count over time and may not require specific therapy.

When should I seek medical attention?

You should seek medical attention if any of the below occur:

- Head injury
- Persistent or severe headache
- Vomiting or drowsiness
- Nose bleed lasting more than 15minutes and not improving with pinching the nose
- Prolonged bleeding from mouth, gums or throat
- Blood in the stool or urine
- Coughing up blood
- If you are worried your child is seriously unwell