

## Immune Thrombocytopenic Purpura (ITP)

### What is immune thrombocytopenic purpura (ITP)?

ITP is a bleeding disorder that causes your immune system to destroy platelets. You need platelets to clot your blood. People with ITP do not have enough platelets in the blood and can bruise or bleed more easily.

### What causes ITP?

In children, ITP develops often after a viral illness.

In adults, ITP can develop after a viral illness, with the use of certain medicines, during pregnancy or as part of an autoimmune disorder.

ITP is more common in children than adults. For adults, it is more common in women than in men.

### What are the symptoms of ITP?

- Tiny, red or purple spots on the skin or lining of your mouth
- Painless, dime-sized bruises on the skin or in the mouth
- Easy bruising
- Nose bleeds
- Bleeding gums
- Heavy menstrual bleeding in women
- Blood in the urine or stool
- Changes in mental status (this is rare)

### How is ITP diagnosed?

We can diagnose ITP by testing your blood to see how well it clots and check your platelet count. We may also test your blood for antibodies against your platelets. You may also have a bone marrow biopsy.

### How is ITP treated?

Treatment depends on your age, platelet count and symptoms.

Children often do not need treatment unless they have a lot of bleeding or a very low platelet count. For milder cases, we may only watch your symptoms and do blood work to check platelet counts.

Adults with mild ITP often do not need treatment. If you have a very low platelet count or bleeding, we will likely put you on a treatment.

### What medicines are used to treat ITP?

- **Steroids** such as prednisone or dexamethasone given by mouth. These help raise the platelet count in the blood by slowing your immune system.
- **Immunglobulin (IVIg)**, given through an IV, helps slow the immune system from destroying platelets.
- **Anti-(Rh) D immunglobulin (WinRho)** – given through an IV, helps slow the immune system from destroying platelets.
- **Rituximab (Rituxan®)** – given through an IV helps your immune system target and destroy a certain type of cell that destroys your platelets.
- **Romiplostim (Nplate®)** – given under the skin, helps the bone marrow make more platelets.
- **Eltrombopag (Promacta®)** – tablet given by mouth, helps your bone marrow make more platelets.
- **Cyclophosphamide (CSA)** – given by mouth, helps slow the immune system from destroying platelets.

- You may also need other drugs that slow the immune system.

**Surgery:** If the medicines do not work, your doctor may remove your spleen. Since the platelets get trapped in the spleen, taking out the spleen helps to stop the breakdown. If you have your spleen removed, you may be more likely to get infections.

**Platelet transfusions:** You need this treatment if you have severe bleeding.

### **How long will I have ITP?**

For children, this is often a short-term illness. It goes away on its own within 6 months.

For adults, this may become a long-term problem, lasting for greater than 6 months. It may even come back after you've been symptom free.

### **What else should I know?**

You may need to avoid NSAIDS—aspirin, ibuprofen and naproxen. These medicines make your platelets less able to clot and cause bleeding. Make sure your provider knows about all the medicines you take, supplements and over the counter medicines.

You should avoid contact sports. If you have a low platelet and you get hurt, you can bleed a lot. Talk with your doctor or nurse about safe options.

### **When to Call**

If you notice any of the symptoms of ITP call your provider. If you have severe bleeding, get emergency help right away.

### **Who to Call**

Hematology Clinic  
**(608) 265-1700**

If you live out of the area, call  
**1-800-323-8942** and ask for the Hematology Clinic at **5-1700**.

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 5/2020. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4787