



The Medical **Bulletin**

Investigation Corner

DIAGNOSTIC APPROACH IN PATIENTS WITH SUSPECTED ITP

(ASH-AMERICAN SOCIETY OF HEMATOLOGY-2019)

- Thrombocytopenia- Platelet count <1, 50,000.
- When we see a patient with CBC report showing thrombocytopenia, a thorough evaluation is warranted to rule out the causes.
- ITP- Immune thrombocytopenia- is essentially a diagnosis of exclusion (This condition was previously referred as Idiopathic thrombocytopenic purpura)

ASH recommendations for diagnosis of Primary ITP in children and adults:

1. Exclusion of other causes of isolated thrombocytopenia by:

- History
- Physical examination
- Blood count
- Peripheral blood smear (to exclude other conditions like hereditary thrombocytopenia, pseudothrombocytopenia)
- Treatment history

2. All the above must be available at the time of initial diagnosis

3. Detection of H.Pylori infection-to be included in the initial work up in appropriate geographical areas.
4. Routine screening of HBV, HIV, HCV in all adult patients.
5. Quantitative immunoglobulin levels testing to exclude an immunodeficiency syndrome.
6. Bone marrow examination-in those relapsing after remission; in non-responders; or if other abnormalities are detected in the blood count or morphology.
- This examination should ideally include: Aspirate, biopsy, flow cytometry and cytogenetics.
7. ITP- can be Primary or secondary based on underlying medical conditions at the time of diagnosis.



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Another way of classifying ITP:

Newly diagnosed (0-3 months); Persistent (>3-12 months); Chronic (>12 months).

GOALS OF THERAPY:

1. Individualized to the patient.
2. Treatment should prevent severe bleeding episodes.
3. Treatment should maintain a target platelet level $>20-30 \times 10^9/L$ at least for symptomatic patients.
4. Minimal toxicity.
5. Treatment should optimize health related quality of life.

TREATMENT OVERVIEW:

- Initial therapy for newly diagnosed adults:-

1. Anti-D 2. Corticosteroids 3. IVIG

- Subsequent treatment:

Medical:

ROBUST EVIDENCE:

- Eltrombopag; -Avatrombopag
- Romiplostim
- Rituximab

LESS EVIDENCE:

- Azathioprine
- cyclosporin A
- Danazol
- Dapsone etc.,

Surgical: Splenectomy

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