

# Idiopathic Thrombocytopenic Purpura (ITP) in children

Information for parents and carers

### What is ITP?

ITP is a blood condition which increases the tendency for bruising and bleeding.

- Idiopathic = cause unknown
- Thrombocytopenic = shortage of platelets, small sticky cells which help the blood to clot after cuts and prevent bruising
- Purpura = pin-prick skin rash and bruising

In ITP, the body's defence system attacks and destroys its own platelets. In children it is quite common for ITP to occur 2-3 weeks following a viral infection such as a cold but often the exact trigger is unknown. There is no evidence that if you have had ITP once then you are more likely to develop it again in the future.

## What symptoms do you get?

A diagnosis of ITP is suspected with one or more of the following symptoms

- Rash of pin prick size spots
- Unusual bruising or increased number of bruises, often for no obvious reason
- Inability to stop bleeding after an injury
- Frequent nosebleeds and/or bleeding from the mouth.

# How is it diagnosed?

Diagnosing ITP in children typically involves talking to you and your child about their symptoms and a physical examination and blood tests. There is no specific test for ITP - the diagnosis is based on an overall picture of the symptoms shown, the physical examination and blood results and ruling out other causes of low platelets.

### What is the treatment?

For most children a complete recovery of the platelet count to normal levels is expected, usually within 6 -12 weeks, without any treatment.

Management is based on bleeding problems rather than their platelet count. Most children do not need any specific treatment and instead our aim is to reduce the risk of bleeding while the platelet count is low.

• Injuries including head injuries - the risk of bleeding is increased by injuries. Bleeding into the brain is extremely rare but can be life threatening. Whilst the platelet count is below 50, activities which increase the risk of injury should be avoided. If your child has a head injury they should be brought to the Emergency Department as soon as possible for assessment.

- **Medicines** paracetamol is safe to give to children with ITP. Ibuprofen and aspirin should be avoided.
- **Immunisations** if your child is due routine immunisations or vaccinations for going on holiday whilst they have ITP, please let your healthcare provider know. You will then be advised on when and where these vaccinations can be given.
- **Dental treatment** please let your dentist know if your child's platelet count is below 100 and they need dental treatment.
- **Nose bleeds** the most effective way to deal with nose bleeds is to firmly pinch the soft part of the nose for 5 minutes. If your child has a nosebleed lasting more than 15 minutes, you should bring them to the Emergency Department for assessment.

If there are problems with minor bleeding from the mouth or nose then Tranexamic acid may be useful. This medicine is given by mouth and works by stabilising the blood clot.

Some children do need treatment for the low platelets if they are having more problematic bleeding. This will be discussed with you by the medical team. Typical treatments include short courses of steroids or an infusion of antibodies.

If the platelet count has not recovered by itself after 6 months, then your child will be seen by the Haematology team to discuss options for treatment to improve the platelet count.

## Things you can do

ITP can be worrying for parents however serious bleeding is rare and most children with ITP will recover without any need for treatment.

You should encourage your child to lead as normal a life as possible, continuing to attend school and to take part in activities with low risk of head injury such as Brownies, Scouts, visiting friends.

The ITP Support Association can be a useful source of support and advice:



www.itpsupport.org.uk

#### References

International consensus report on the investigation and management of primary immune thrombocytopenia. Provan et al. *Blood Adv* (2019) 3 (22): 3780–3817