What is Immune Thrombocytopenic Purpura

Immune thrombocytopenic purpura (ITP) is a heterogenous acquired immune-mediated, auto-immune bleeding disorder that is characterized by suboptimal platelet count (below 100,000 per cubic millimeter), purpura and hemorrhage.

ETIOLOGY

TYPES OF ITP:

1

Primary ITP (80%):
Isolated thrombocytopenia, not associated with other disorder

2

Secondary ITP (20%):
Immunologic thrombocytopenia in association with:

- Infection (Cytomegalovirus, hepatitis C virus, human immunodeficiency virus, H. pylori)
- Immunodeficiency (Common variable immunodeficiency (CVID), Wiskott Aldrich syndrome (WAS)).
- Autoimmune disorders (Systemic lupus erythematosus (SLE), Sjogren's syndrome (SS), Rheumatoid arthritis (RA), etc)
- Lymphoproliferative – (usually CLL)
- Drugs

ITP CHRONICITY AND DEFINITIONS

DISEASE PHASE	DURATION/ DESCRIPTION
Newly diagnosed	< 3 months
Persistent	3 – 12 months Patients lacking spontaneous remission or complete response after treatment
Chronic	> 12 months
Severe (2011 Guidelines)	Bleeding symptoms requiring treatment, includes patients with new bleeding symptoms that warrant a dose escalation or different treatment
Refractory (2011 Guidelines)	Severe ITP that persists after splenectomy
Remission (2019 Guidelines)	Platelet count >100 x 10^9/L at 12 months

Clinical signs:

- Initial suspicion and characterization through patient's skin and mucous membranes examinations
- Main disease manifestation is BLEEDING
  - Platelet thresholds for bleeding are highly variable
  - Typical thresholds for non-elderly, non-anticoagulated patients
  - Bleeding risk increases substantially with increased age

PLATELET COUNT (X 10^9/L)	BLEEDING MANIFESTATIONS
> 50	None (including with most surgical procedures)
20 – 50	Potential increased bleeding with significant trauma/surgery
10 – 20	Higher risk of the above; potential spontaneous petechiae or bruising
< 10	Higher risk of spontaneous bleeding, including major bleeding

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