

THROMBOCYTOPENIA



BASIC INFORMATION

DESCRIPTION

A decrease in the number of platelet cells in the blood. Platelets (thrombocytes) play a vital role in the control of bleeding at the site of an injury. With thrombocytopenia, there is a tendency to bleed, mainly from the smaller blood vessels. This causes abnormal bleeding into the skin and other body places. There are several forms of the disorder, including idiopathic thrombocytopenic purpura (ITP) and thrombotic thrombocytopenic purpura (TTP).

FREQUENT SIGNS AND SYMPTOMS

- Petechiae. These are small round, nonraised, purple-red spots on the skin.
- Bruising easily.
- Bleeding in the mouth and nosebleeds.
- Heavy or prolonged menstrual periods.
- Blood in the urine or stool.

CAUSES

Platelets are normally produced in the bone marrow and are removed or destroyed by the spleen when not needed. A number of underlying conditions may interfere with the production, function, and destruction of the platelets. If no underlying condition is found, it is called idiopathic.

RISK INCREASES WITH

- Infection.
- HIV infection.
- Taking aspirin or other nonsteroidal anti-inflammatory drugs.
- Taking drugs such as quinidine, sulfa preparations, oral antidiabetic agents, gold salts, rifampin, etc.
- Hypersplenism (a disorder of the spleen).
- Hypothermia (exposure to cold temperatures).
- Blood transfusion or blood poisoning.
- Excess alcohol use.
- Preeclampsia (a disorder of pregnancy).
- Disorders such as systemic lupus erythematosus, anemia, leukemia, cirrhosis, certain cancers, and others.
- Exposure to x-ray or radiation.
- Children ages 2 to 4 for idiopathic thrombocytopenic purpura.

PREVENTIVE MEASURES

- Avoid drugs, when possible, that are risk factors.
- For patients with thrombocytopenia, avoid trauma, and get medical care if trauma occurs.

EXPECTED OUTCOMES

- Will depend on the underlying condition. Recovery occurs within two months for most cases of idiopathic thrombocytopenic purpura.
- For chronic cases, symptoms may come and go.

POSSIBLE COMPLICATIONS

- Severe blood loss.
- Anemia due to blood loss.
- Adverse effects of drug therapy.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will usually do a physical exam and ask questions about your symptoms and activities. Medical tests may include blood studies and other tests to check for an underlying disorder.
- Treatment will be provided for any specific disorder that is diagnosed.
- Watchful waiting is an option. This means monitoring the symptoms for a time before deciding on treatment.
- Stop using any drug that could be the cause. An alternative drug may be prescribed. Avoid aspirin products.
- Surgery to remove the spleen (splenectomy) may be recommended for persistent cases.
- Pregnant women may require special treatment.
- Platelet transfusions may be prescribed. This may be for patients with serious bleeding, those planning major surgery, and those with chronic thrombocytopenia.
- To learn more: Platelet Disorder Association, PO Box 61533, Potomac, MD; (877) 528-3538; website: www.itppeople.com.

MEDICATIONS

A number of drugs are used for treatment. Your health care provider will discuss the options, risks, and benefits before prescribing them.

ACTIVITY

If platelet counts are very low, bed rest and reduced activity to avoid injury may be recommended.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of thrombocytopenia.
- Symptoms worsen during treatment. Severe blood loss is an emergency situation.
- New or unexplained symptoms develop.

Special notes:

More notes on the back of this page