CLINICAL FEATURES AND OUTCOMES IN NEWLY DIAGNOSED PAEDIATRIC IMMUNE THROMBOCYTOPENIA

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Introduction

Immune thrombocytopenia (ITP) is a disease associated with autoimmune destruction of platelets.

In 50-65% of cases, infection is the triggering factor.

Aim

The aim of this study was evaluation of clinical features and outcomes in newly diagnosed ITP patients in the last five years in our clinic.

Methods

We analysed the data of 184 patients aged between 1-14 years, regarding their gender, clinical presentations, history of infections, treatment response ant outcome.

Results

Out of 184 cases, 93 were male (50.5%) and 91 were female (49.5%). One hundred thirty (70.6%) had hemorrhagic syndrome (bruises, petechiae, epistaxis or gingival bleeding) and 121 (54.8%) had a previous infection. A hundred and eight (108) (58.7%) had severe, 46 (25%) had moderate, and 30 (16.3%) a mild form of ITP. Spontaneous remission was observed in 48 patients. We treated 24 (18%) patients with IVIG. Fourteen patients improved their platelet counts within 3-5 days, and the rest 10 within 10 days. One hundred thirty-six (85%) patients were treated with corticosteroids, and in 92 patients the platelet count improved within 3-5 days and in 44 (32.2%) within the 10th day of treatment.

Conclusion

The most common age at diagnosis was 4 years, with no difference between genders. A faster therapeutic effect (in the first five days) was observed in patients treated with IVIG than in patients treated with corticosteroids. The majority of patients (147-79.8%) had acute ITP and 37 patients (20.2%) developed chronic disease.

Key words

Paediatric ITP, IVIG, corticosteroids in thrombocytopenia