ClinicSearch

International Journal of Clinical Therapeutics

H.D.Solomons *

Open Access

Editorial

Paediatric Idiopathic Thrombocytopenic Purpura

H.D.Solomons*

P.O.Box 64203, Highlands North, 2037. South Africa.

***Corresponding Author:** H.D.Solomons, P.O.Box 64203, Highlands North, 2037. South Africa.

Received date: August 03, 2023; Accepted date: September 20, 2023; Published date: January 01, 2024

Citation: H.D.Solomons, (2024), Paediatric Idiopathic Thrombocytopenic Purpura, *International Journal of Clinical Therapeutics*, 3(1); **DOI:**10.31579/2834-5010/010

Introduction

Idipathic thrombocytopaenic purpura (ITP) is thecondition of having an abnormally low platelet count (thrombocytopaenia) of unknown cause (idiopathic).

As most incidents of ITP appear to be related to the production of antibodies to platelets,

Immune thrombocytopaenic purpura or immune thrombocytopaenia are terms also used to describe this condition.

Often ITP is asymptomatic (devoid of obvious symptoms) and can be discovered incidentally, but a very low platelet count can lead to an increased risk of bleeding and purpura.

ITP is diagnosed with a complete blood count (a common blood test.)

In some situations, additional investigations (such as a bone marrow biopsy) may be necessary to ensure that the platelet count is not decreased due to other reasons.

Treatment may not be necessary in mild cases, but very low counts or significant bleeding might prompt treatment with steroids, intravenous immunoglobulin, anti-D immunoglobulin, or stronger immunosupressive drugs.

Refractory ITP (ITP not responsive to conventional treatment) may require splenectomy, the surgical removal of the spleen.

Platelet transfusions may be used in severe bleeding together with a very low count.

Sometimes the body may compensate by making abnormally large platelets!