



## No. 9 – Can I Die From ITP?

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Title: **Can I Die From ITP?**

Authors: **James N. George, M.D.**, Oklahoma City, **George R. Buchanan, M.D.**, Dallas

The question is often asked, directly or implicitly, whether ITP can be or is often fatal. Such concerns are expressed not only by ITP patients and/or their parents, but also by physicians who may not be very familiar with the condition. The concerns are inevitable during the initial days after discovery of a very low platelet count, when dangerous diseases such as acute leukemia are also considered. So, in this brief essay we will try to address what is obviously a very important question.

Yes, ITP can potentially be fatal. However, that could be said for virtually every disease, including many which are usually not very serious. Extremely rare but fatal complications can occur from strep throats, the common cold (which may lead to pneumonia), chickenpox, or what seems to be a mild case of indigestion. But, to put things in perspective, ITP, although troublesome and occasionally a truly serious problem, is rarely fatal. The fear of serious and even fatal hemorrhage far exceeds its actual occurrence. This, of course, is due to the otherwise good health of most patients with ITP and the fact that their platelets, though few in number, are younger and stickier than platelets of normal people. This is due to the rapid platelet destruction in ITP and the increased production of new platelets by the bone marrow. The younger platelets are more effective in protecting hemorrhage in the brain and elsewhere, even following minor injuries.

The most common cause of death in children with ITP is intracranial hemorrhage (bleeding in the brain). We lack accurate scientific information about how often that occurs and whether any specific treatment prevents it. The best study, performed in the United Kingdom by Professor Lilleyman and his colleagues, suggest that it happens in about 1 in 800 children with ITP. Since slightly more than half of children with intracranial hemorrhage due to ITP recover, the actual death rate is probably about 1 in 2,000. This would translate into approximately two deaths annually due to childhood ITP in the United States and 1 every other year in the U.K. So, fortunately, fatal bleeding in ITP is extremely rare. Since splenectomy is so infrequently performed in children with ITP, its most feared complication – fatal septicemia or blood poisoning – is also now very rare. One important job that we as physicians interested in ITP have is to educate patients and parents, as well as our physician colleagues, about this reassuringly low incidence of death due to ITP or its treatment.

The situation may be somewhat different in adults, who are more likely to have other conditions that contribute to fatal bleeding, whose disease is longstanding, or who suffer from fatal consequences of long-term treatment of ITP. Hence, some adults die 'with' ITP rather than necessarily 'from' ITP. Good data are hard to come by, but it seems that death due to hemorrhage in adults with ITP is, like in children, extremely rare. Many hematologists have never experienced fatal ITP in their practice.

So, what does all of this mean? We can't say 'don't worry' about ITP. Clearly, as the recent survey conducted in the UK showed, ITP causes a great deal of anxiety, and bleeding problems resulting from ITP as well as the side effects of steroids and other treatments can be difficult. However, most people with ITP fully recover or eventually improve with few or no bleeding problems. ITP rarely causes life-threatening or fatal bleeding complications. Therefore, the fear of hemorrhage in ITP should not influence patients and their physicians to pursue toxic, arduous, and costly forms of treatment. As we often tell our ITP patients and their families, 'If you have to have a blood disease, ITP is a lot better than most of the alternatives!'