The ITP Support Association Platelet Reprint Series

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Title: **Childhood ITP: Let's Let The Kids Be Normal**

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ITP is one of the most common blood disorders seen in children. In our institution in Dallas about once weekly we see a child referred to us after a blood test indicates a low platelet count. Many parents come to us greatly alarmed about the bleeding manifestations and with pre-conceived notions about their child's condition. Their perception of ITP can be influenced by information they read on the internet or grave comments made by the primary physician who discovered the thrombocytopenia in the first place. It is important to note that ITP in children differs from adult-onset ITP in a number of ways, chief of which is that childhood ITP often resolves on its own. As many as 80-85% of children, in fact, will have complete resolution of ITP within one year of diagnosis.

Once the diagnosis of ITP has been made, parents often find themselves alarmed and frustrated about their child's condition, especially related to the uncertainty of its cause. They may blame themselves for having done something wrong, but the reality is that no one is at fault. The best evidence at present points to ITP being an imbalance in the child's immune system that leads to the development of antibodies causing the destruction of platelets, particularly in the spleen, as well as inhibiting platelet production in the bone marrow.

What causes this imbalance? Many times a previous infection, such as a cold, the flu, and even strep throat have been known to be the inciting cause of a child's ITP. In other instances, particularly in chronic ITP, the imbalance is caused by an underlying autoimmune disorder. In most cases, however, the cause remains elusive.

The most troubling feature of childhood ITP for parents is the platelet count. Parents and many general physicians alike shift all attention to the child's platelet count. It makes intuitive sense that if the platelet count is low then their child is at risk for bleeding. While this is true to a certain degree, many studies have shown that despite having a low platelet count most children with ITP exhibit minimal bleeding. Parents should be aware of the most common sites of bleeding in ITP, especially skin bruising or small red dots called petechiae. Parents should also take note of nosebleeds or abnormally bleeding gums. A child may also have "blood blisters" inside the mouth, so-called hemorrhagic vesicles or bullae depending on their size. Less noticeable is bleeding in the intestine, urine or excessive menses in post-pubertal females. The most feared complication, bleeding in the brain (intracranial hemorrhage), is observed in only about 0.3% (3 in 1000) of children with ITP. A study of 863 children with newly diagnosed ITP conducted by the Intercontinental Childhood ITP Study group showed that severe bleeding is uncommon at diagnosis – even when the platelet count is less than 20,000/mm3. Moreover, children rarely develop new bleeding during the month after their diagnosis irrespective of the type of treatment given. Consequently, most hematologists in the U.S. and U.K. are shifting their concern from treating the platelet count to treating the child's specific bleeding symptoms.

Although we will not discuss specific treatment options here, we emphasize that for most children with ITP we simply watch and wait ("sit tight"). This admittedly is difficult for parents, in particular when activity restrictions such as jumping on a trampoline, riding a bicycle, or playing on the "monkey bars" are placed on the child until the platelet count increases. Older children may find these restrictions more troublesome than their younger counterparts, especially if they are athletically inclined. Nevertheless, preliminary results of quality of life studies currently being performed in our center indicate that most children with ITP are not bothered by their bruising and petechiae, rarely worry about their "disease," and hardly give a second thought about most activity restrictions. Although parents are concerned about their child's health, their worry decreases with time as they become more familiar with ITP, know what warning signs to look for, and realize that their child will eventually improve and be able to go on with their life.

In summary, although childhood ITP can be troublesome to the child, family and primary physician, for most young patients it can be tolerated and conquered.