The Blood Project

UNDERSTANDING IMMUNE THROMBOCYTOPENIA

A brief guide for patients with ITP

Immune thrombocytopenia (ITP) is a condition in which your immune system removes platelets too quickly, leading to a low platelet count. Many adults with ITP feel well and remain safe, even when the platelet count is below the usual laboratory range. This handout explains what ITP is, why it happens, how it is evaluated, and when treatment is needed.

What are platelets?

Platelets are small blood cells that help stop bleeding. They form plugs at sites of injury and are essential for normal clotting. A typical platelet count is **150,000–450,000**.
Many people with ITP remain safe at lower counts because platelets still work, just in smaller numbers.

What is ITP?

ITP is an **autoimmune condition** in which the body mistakenly clears platelets too early. The bone marrow continues to make platelets, but the count appears low because platelets are removed from circulation more quickly than usual.
ITP is **not leukemia, not bone marrow failure**, and **not contagious**.
Some cases improve within **6–12 months**, while others become chronic and require ongoing monitoring.

Common causes

For most adults, no single cause is identified. Possible contributors can include:

- recent infections
- other autoimmune conditions
- certain medications
- rarely, an underlying immune or lymphoid disorder.

Not knowing the exact trigger does **not** affect how ITP is monitored or treated.

Does it cause symptoms?

Many adults with ITP have **no symptoms**, even with very low platelet counts.
When symptoms do occur, they may include easy bruising, tiny red or purple skin spots (petechiae), nosebleeds, bleeding after injury, or heavier menstrual bleeding. Some people also experience **fatigue**, which can happen with ITP even when there is no active.

Is it dangerous?

Serious bleeding is **uncommon** in typical outpatient adults with ITP.
The main concern is when platelets fall below about **20–30,000**, when the chance of spontaneous bleeding becomes higher. Hospital care is usually needed only when platelet counts are extremely low or when there is active bleeding.

How your doctor evaluates it

Your doctor will review your history, medications, and symptoms, perform a physical exam, and check your blood counts. **Additional tests may include:**

- HIV and hepatitis C screening
- testing for *Helicobacter pylori* (a stomach bacteria linked to ITP in some people)
- immunoglobulin levels

Other tests are ordered **only when symptoms or history suggest another condition**, rather than as routine screening.

A bone marrow biopsy is usually **not needed** unless the findings do not match typical ITP or another condition is suspected.

Do I need a bone marrow biopsy?

Most adults with typical ITP do **not** need a bone marrow biopsy. It is considered only when blood tests or the clinical picture suggest another diagnosis.

What Is the treatment?

Many adults with ITP do **not** require treatment.

Therapy is generally considered when platelet counts fall below about **20–30,000** or when bleeding occurs. Options may include corticosteroids, intravenous immune globulin (IVIG), or medications that help the body make more platelets (TPO-receptor agonists).

Some adults need only short-term treatment, while others may need ongoing therapy to maintain safe counts.

The goal of treatment is **safety**, not a “normal” platelet number.

When should I contact my doctor?

Contact your doctor promptly if you notice increased bruising, new nosebleeds, bleeding that is slow to stop, heavier menstrual bleeding, or new petechiae.

Seek urgent care for vomiting blood, black or tarry stools, blood in urine, severe headache, difficulty breathing, or confusion.

What is the usual plan going forward?

Most adults are followed with periodic blood counts and symptom review. Your doctor will look for reversible factors, monitor your platelet trends, and decide whether treatment is needed.

Many people maintain safe counts with little or no therapy and continue normal daily activities with simple precautions.

Key points to remember

- **ITP is an autoimmune condition,** meaning platelets are cleared too quickly
- **most adults remain safe,** even when platelet counts are lower than normal
- **treatment is needed only when bleeding risk rises,** not to normalize the number
- **serious bleeding is uncommon** in typical outpatient ITP
- **many people require little or no long-term therapy**, with good quality of life