

UNDERSTANDING THROMBOCYTOPENIA

A brief guide for patients with low platelet count

This information sheet explains **thrombocytopenia** (a low platelet count) in clear, practical terms. Most people with **mild thrombocytopenia** feel well, remain safe, and do **not** experience serious bleeding.

What Are Platelets?

Platelets are tiny blood cells that help your body stop bleeding.

They form clots when you have a cut or injury.

A **normal platelet count is 150,000–450,000 per microliter**

(Sometimes written as $\times 10^9/L$ or $K/\mu L$ — both mean the same thing.)

What Is Thrombocytopenia?

Thrombocytopenia means your platelet count is **lower than your lab's usual range**.

Many people with mild thrombocytopenia have **no symptoms** and feel completely.

Does It Cause Symptoms?

Often, **no**.

When platelet counts fall lower, symptoms may include:

- **easy bruising**
- **small red or purple spots on the skin** (petechiae)
- **nose or gum bleeding**
- **heavy menstrual periods**
- **bleeding that is hard to stop** from cuts

Serious bleeding is rare and usually occurs only at **very low platelet counts**.

Is Thrombocytopenia Dangerous?

Usually **not**.

Your body has a **large safety margin** between normal platelet levels and those where dangerous bleeding occurs.

- **spontaneous bleeding** is uncommon until platelets fall below **~10,000**.
- **procedures or surgery** usually require counts above **~50,000**.
- In immune thrombocytopenia (ITP), treatment is often considered when platelets fall below **~30,000**, even without bleeding.

If your platelet count is above these levels, the risk of serious bleeding is **very low**, unless you take medications such as **aspirin, NSAIDs, or blood thinners**.

What Causes a Low Platelet Count?

1. Decreased platelet production

Platelets may be made more slowly when the bone marrow is affected by:

- **viral infections**
- **chemotherapy or radiation**

- **alcohol-related bone marrow suppression**
- **vitamin B12 or folate deficiency**
- **certain bone marrow disorders** (less common)

2. Increased platelet destruction

Platelets may be removed too quickly in conditions such as:

- **immune thrombocytopenia (ITP)**
- **autoimmune diseases** (e.g., lupus)
- **recent infections**
- **certain medications**
- **enlarged spleen** (hypersplenism)

3. Platelets being “sequestered” in the spleen

An **enlarged spleen** can hold on to platelets, lowering the number circulating in the bloodstream.

How Is Thrombocytopenia Evaluated?

Your doctor may consider:

- **repeat CBC** (to confirm the result)
- **peripheral blood smear**
- **medication review**
- **viral testing** (if appropriate)
- **tests for inflammation or autoimmune conditions**
- **vitamin B12 and folate levels**
- **bone marrow testing** (only in select cases)

Not everyone needs all these tests.

Your doctor will tailor the evaluation to your situation.

What Is the Treatment?

Treatment depends entirely on the **cause** and the **platelet level**.

- **mild thrombocytopenia** often needs **no treatment**
- medication-related causes may improve by **adjusting or stopping the drug**
- treating **infections or vitamin deficiencies** often raises the count
- **ITP** may require medication if platelets fall below **~30,000** or if bleeding occurs
- **platelet transfusion** is usually reserved for **severe cases** or **active bleeding**

Most people can continue normal daily activities.

When Should I Contact My Doctor?

Call your doctor if you notice:

- **new or worsening bruising**
- **nose or gum bleeding**
- **blood in urine or stool**
- **black, tarry stools**
- **unusually heavy periods**
- **dizziness or weakness**

Seek **urgent care** for:

- **bleeding you cannot stop**
- **severe headache** or vision changes
- **confusion**
- **vomiting blood** or coughing blood

What Can You Do?

- **follow your doctor's advice** about medications
- **avoid aspirin or NSAIDs** unless approved
- use a **soft toothbrush** and avoid forceful nose blowing
- avoid **contact sports** if your count is significantly low
- **report new bleeding early**

What Is the Usual Plan Going Forward?

Your doctor will:

- **confirm the platelet count**
- **look for reversible causes**
- decide whether **additional testing** is needed
- **monitor the platelet count over time**

Most people with thrombocytopenia **remain healthy** and do very well with simple follow-up.

Key Points to Remember

- **most mild thrombocytopenia is safe and symptom-free**
- **serious bleeding is uncommon** unless platelets fall below **~10,000**
- in ITP, treatment is often considered around **~30,000**
- **procedures usually require platelets above ~50,000**
- **many causes are temporary or treatable**
- **regular follow-up helps ensure safe monitoring**