

Understanding ITP: A Clear Guide to Your Health

A guide to help you understand your diagnosis
and navigate your care with confidence.

A new diagnosis can feel overwhelming. This guide is here to help.

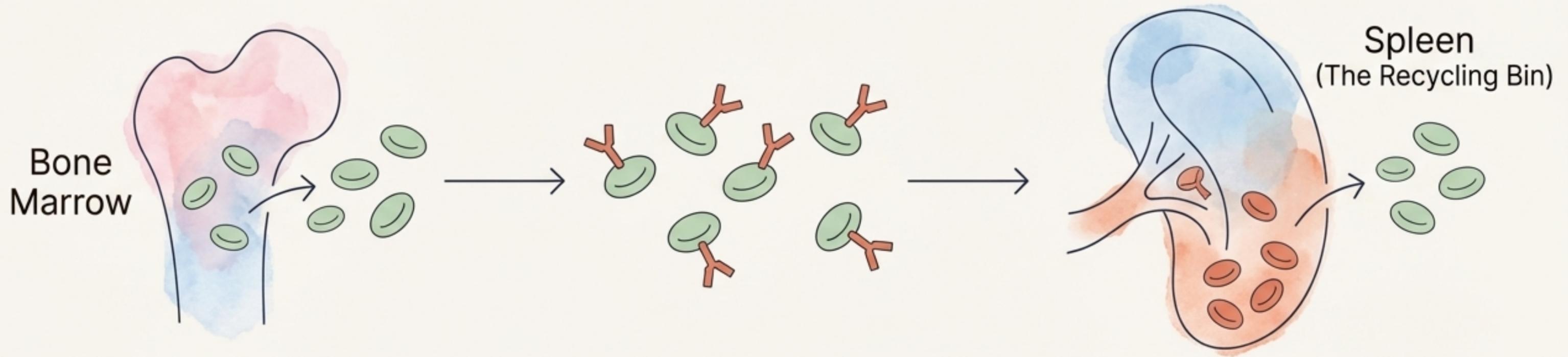
Immune thrombocytopenia (ITP) can feel confusing because it often appears suddenly and involves many medical terms.

We created this guide to help you understand what ITP is, why it happens, and what treatment usually looks like, so you know what to expect and how we approach care together.



This guide is for typical outpatient ITP. If you have severe bleeding or rapid changes, contact your doctor right away.

ITP is like an overactive “recycling bin” for your platelets.



ITP is an autoimmune condition where your body makes antibodies that attach to your platelets.

The spleen then removes these tagged platelets, causing a lower-than-normal count.

Your body keeps making new platelets, but they are cleared from your system too quickly.

It's just as important to know what ITP is NOT.



NOT CANCER

ITP is an autoimmune condition, not a form of leukemia or blood cancer.



NOT BONE MARROW FAILURE

Your bone marrow usually continues to make platelets normally.



NOT CONTAGIOUS

You cannot pass ITP on to others.

Making sense of your platelet count

Normal Range > 150,000	Mild ITP 50,000 - 150,000	Moderate ITP 30,000 - 50,000	Lower Count < 30,000	Very Low Count < 10,000
Platelets are in the normal range.	Most routine daily activities are safe. Bleeding risk is very low.	Bleeding risk is still low. Monitoring is key. Many people have no symptoms.	Spontaneous bleeding becomes more likely. Treatment is often considered at this level, especially below 20,000.	Spontaneous bleeding is a significant concern. Close monitoring and intervention are typically needed.

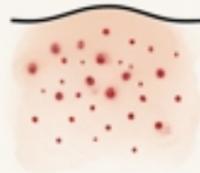
Many people with ITP have counts well below the normal range while feeling completely well. Spontaneous bleeding is uncommon until counts are very low (usually below 10,000).

What symptoms might you notice?

When symptoms occur, they are related to bleeding. However, many people have no symptoms at all, even with very low counts.



Easy bruising



Small red or purple spots on the skin (petechiae)



Bleeding with brushing teeth



Nosebleeds



Menstrual changes

Severe bleeding is rare in outpatient adults.

What causes ITP to happen?

In many adults, the exact trigger is never known. Not knowing the trigger does not change how we monitor or treat your ITP. Your body's current pattern matters more than the original cause.

List of Possible Contributors

- Recent viral infections
- Other autoimmune conditions (like SLE)
- Certain medications
- Chronic infections (such as hepatitis C or HIV)
- Occasionally following a vaccination

Is it dangerous?

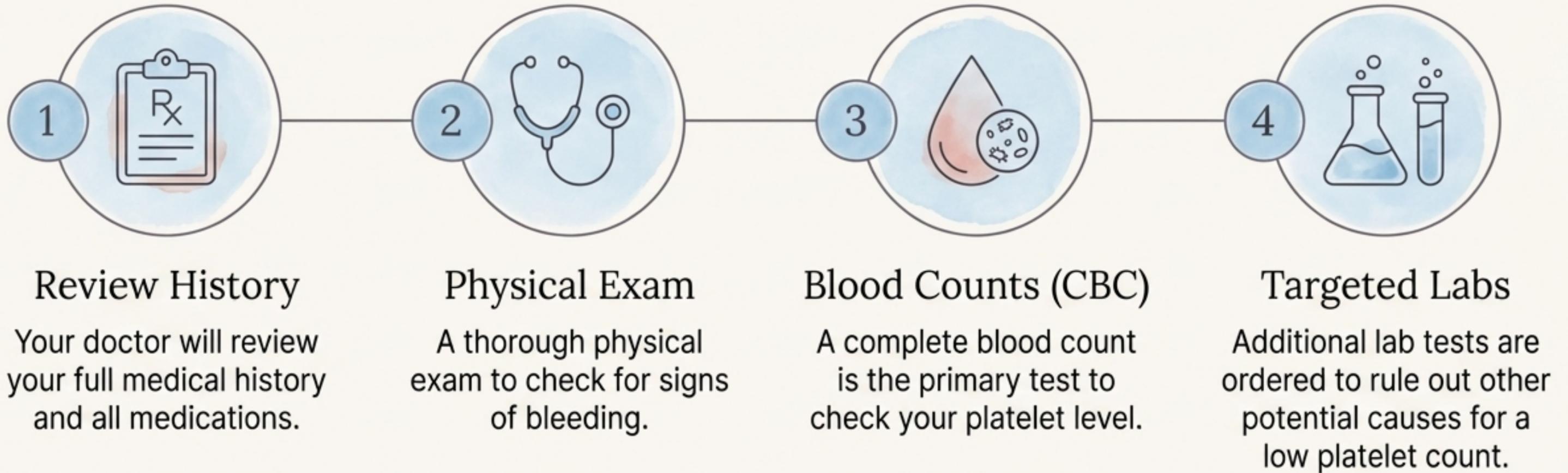


Most adults with ITP do not develop dangerous bleeding. Hospital care is usually needed only when platelet counts are extremely low or when there is active, serious bleeding.

The main concern is when platelets fall below about 20,000–30,000, when spontaneous bleeding becomes more likely. Even then, serious events remain uncommon.

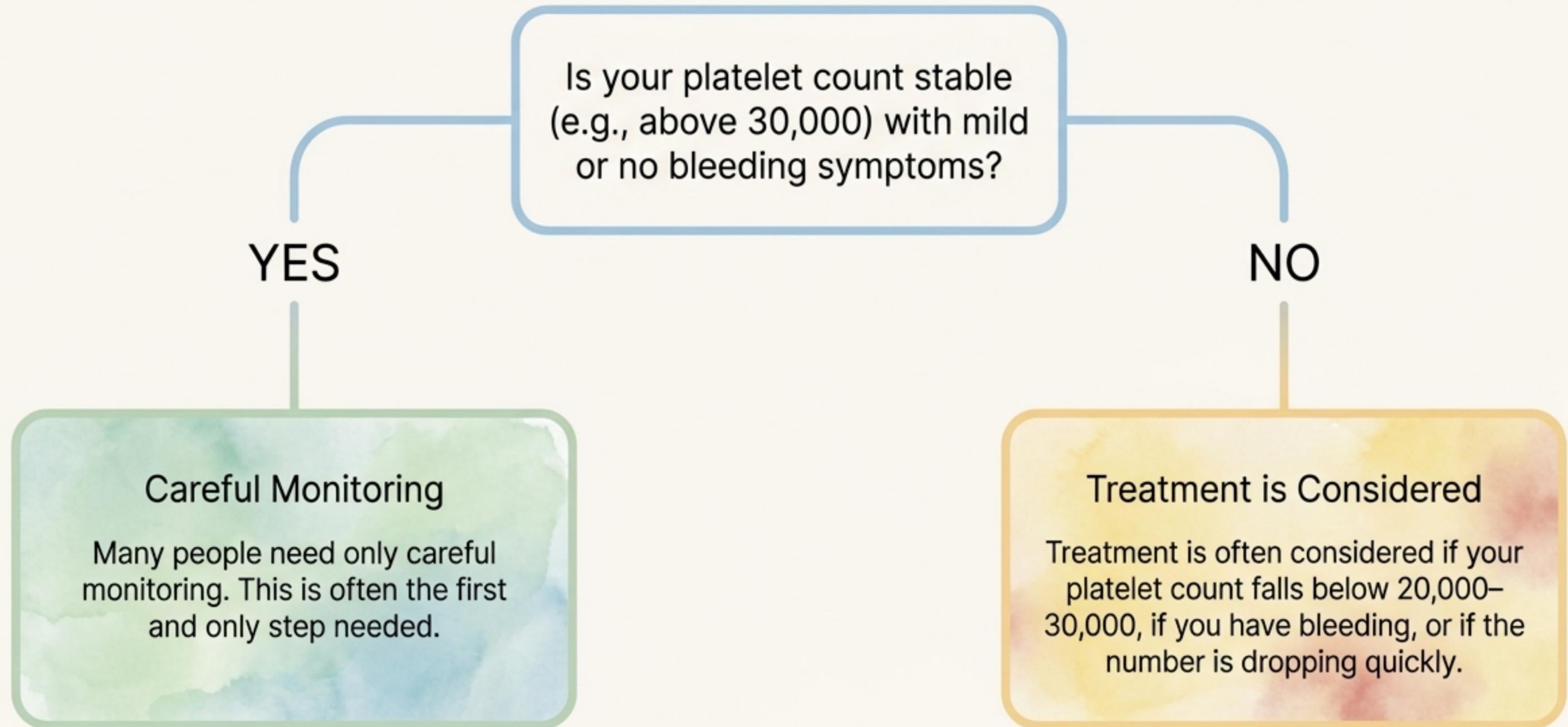
Some cases of ITP improve on their own within 6–12 months, while others become chronic and require ongoing monitoring.

How your doctor confirms the diagnosis.



Important Note: A bone marrow biopsy is considered only if results do not fit the usual pattern or the diagnosis remains unclear. Most adults do not need one.

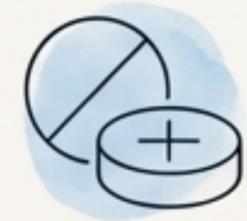
Treatment is based on your count,
your symptoms, and your risk.



When treatment is needed, there are several effective options.

The goal of treatment is to raise the platelet count to a safe level to prevent bleeding. It is not always to get the count back to the normal range.

- **Short courses of steroids:** To reduce the immune system's activity.
- **IVIG (Intravenous Immunoglobulin):** To raise the platelet count quickly in certain situations.
- **TPO Agents:** Medications that help your body make more platelets.
- **Immune-directed therapies:** Used if the condition persists and needs longer-term management.
- **Splenectomy (Surgery):** In rare situations, the spleen may be removed if other treatments haven't helped.



Navigating daily life with ITP

General Guidance

- **AVOID:** NSAIDs (like ibuprofen) unless specifically approved by your doctor.
- **PLAN:** Discuss any upcoming surgery or pregnancy plans with your hematologist.
- **MONITOR:** Keep an eye out for any new bruising or bleeding symptoms.



Activities & Safety

Most routine daily activities are perfectly safe, especially when platelets are above 50,000.

Routine dental care is fine, but may require planning with your dentist and hematologist.

Limit high-trauma activities (e.g., contact sports) when your counts are very low.

When to contact your healthcare team.



Contact Your Doctor

Call your doctor's office if you notice:

- Increased or new bruising
- Nosebleeds or bleeding from gums
- Heavier-than-usual menstrual periods
- New small red or purple spots on the skin (petechiae)
- Bleeding from a small cut that is slow to stop

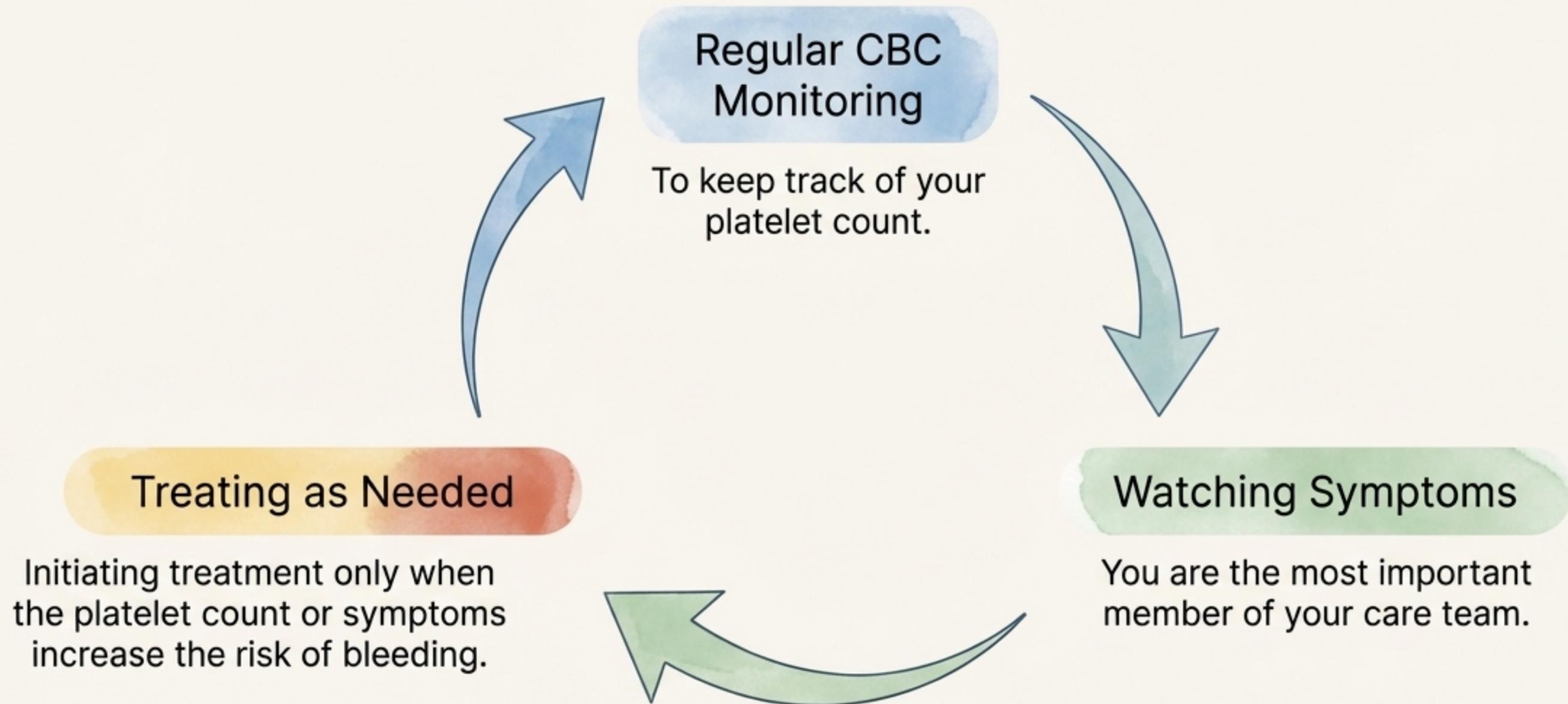


Seek Urgent Care

Go to an emergency room or seek urgent care for:

- Vomiting blood or material that looks like coffee grounds
- Black or tarry stools
- Blood in your urine
- A severe headache, especially if it's sudden
- Difficulty breathing or confusion

The usual plan for moving forward.



Many people live full, active lives with ITP.

Your Key Takeaways

1. ITP means your immune system is clearing platelets too quickly, but **it is not cancer**.
2. Many adults have **few or no symptoms**, even with low counts.
3. **Serious bleeding is uncommon** in outpatient adults.
4. Treatment is **individualized**, and sometimes no treatment is the best plan.
5. Most people **do well long-term** and maintain safe, stable counts.