Summary and Comment

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Newly Diagnosed ITP -- Which Therapy Is Best?

Idiopathic (immune) thrombocytopenic purpura (ITP) is a relatively common, usually self-limited, but potentially sinister hematologic condition. As yet, no international consensus on its preferred management has been reached. The authors of this observational study made use of an international ITP registry to prospectively evaluate 2031 newly diagnosed cases in pediatric patients from 38 countries.

ITP was diagnosed in 54% of children at age 5 years or younger, most often in late spring and least often in autumn. Thirty-one percent received no drug treatment; 33% received corticosteroids alone; and the remainder received intravenous immunoglobulin as single therapy (29%) or in combination with corticosteroids (7%). Hospitalization was required for 47% of untreated and 85% of treated patients for whom admissions data were available. Bone-marrow aspiration was performed in 39% of untreated and 56% of treated patients. Chronic ITP developed in 31% of all patients; choice of therapy did not seem to influence this development. Intracranial hemorrhage occurred in 2 children: one recovered completely, and the other's outcome was unknown.

Comment: These results cry out for a prospective, controlled trial of ITP treatment. The finding of a higher prevalence of chronic ITP in this group of patients than in previous studies likely reflects the exclusion of eligible patients for whom 6-month follow-up data were not available. It appears that current U.S. consensus guidelines are often but not always applied. Differing availability of interventions worldwide may mean that we should reevaluate existing drug therapies.

— F. Bruder Stapleton, MD

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