Summary and Comment

Short-Course, High-Dose Steroids for ITP

Patients who require treatment for immune thrombocytopenic purpura (ITP) often are given 1 mg/kg of prednisone daily. Most patients respond with increases in platelet count, but relapses are common when the dose is tapered. In this study from Hong Kong, researchers examined a different approach -- a short course of the high-dose corticosteroid dexamethasone. Dexamethasone is about 6 times as potent as prednisone and has a longer plasma and biologic half-life.

Researchers enrolled 125 (of 157) consecutive adults with newly diagnosed ITP who had either platelet counts lower than 20,000/mm^3, or significant mucosal bleeding and platelet counts lower than 50,000/mm^3. Patients were treated with oral dexamethasone (40 mg daily) for 4 days. An initial response was defined as an increase in platelet count of ≥30,000/mm^3 to at least 50,000/mm^3 by day 10.

Overall, 106 patients (85%) responded initially to dexamethasone. During a median follow-up of 30 months, 53 initial responders exhibited sustained responses, and 53 relapsed (median time to relapse, 1.5 months). Many patients who relapsed eventually received other therapies, such as splenectomy or intravenous immune globulin.

Comment: The rates of initial and sustained responses in this study compare favorably with response rates in previous studies of conventional-dose steroid therapy. Moreover, patients who respond to brief courses of high-dose dexamethasone can avoid complications that are associated with prolonged lower-dose steroid treatment. Editorialists regard this dexamethasone regimen as appealing, but they call for confirmatory studies. They also remind us that patients without severe thrombocytopenia don't necessarily require treatment and that ITP in children often has a benign course without treatment.

— Allan S. Brett, MD

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Source

Cheng Y et al. Initial treatment of immune thrombocytopenic purpura with high-dose dexamethasone. **N Engl J Med** *2003 Aug 28; 349:831-6.*
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George JN and Vesely SK. Immune thrombocytopenic purpura -- Let the treatment fit the patient. **N Engl J Med** *2003 Aug 28; 349:903-5.*
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