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## Summary and Comment

# Watchful Waiting for ITP?

At some point during immune thrombocytopenic purpura (ITP) in children, platelet counts usually dip below 20,000/ $\mu$ L. Physicians then worry about major bleeding, including intracranial hemorrhage. To prevent hemorrhage, and to attempt to prevent acute ITP from becoming chronic, many physicians prophylactically treat children who have very low platelet counts with intravenous immune globulin G (IVIG) or steroids. These authors present data to justify an alternative approach preferred by many physicians: watchful waiting.

During a 9-year period, German researchers monitored 55 consecutive children with acute ITP. Most of the children were preschoolers. Thirty-seven had platelet counts lower than 10,000/ $\mu$ L; 13 had platelet counts between 10,000 and 20,000/ $\mu$ L; 5 had platelet counts higher than 20,000/ $\mu$ L. Of the 15 children with mucosal bleeding, 10 had counts lower than 10,000/ $\mu$ L; 4 of the 15 patients received 3-day courses of prednisone. No patients experienced other bleeding, none required hospitalization after being enrolled in the study, and there were no deaths. Forty-eight of the 55 patients (87 percent) had remissions within 6 months of their diagnosis, and 3 children (5 percent) still had ITP after 1 year.

Comment: Although a strong case can be made for withholding IVIG or steroids (unless there is active bleeding), the American Society of Hematology recommends such treatments if platelet counts are lower than 10,000/ $\mu$ L. An editorialist calls for a randomized clinical trial to help resolve this issue.

— *RA Dershewitz*

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## Source

*Dickerhoff R and von Ruecker A. The clinical course of immune thrombocytopenic purpura in children who did not receive intravenous immunoglobulins or sustained prednisone treatment. J Pediatr 2000 Nov; 137:629-632. [\[Medline abstract\]](#)[\[Download citation\]](#)*

*George JN. Initial management of immune thrombocytopenic purpura in children: Is supportive counseling without therapeutic intervention*

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*sufficient?* **J Pediatr** 2000 Nov; 137:598-600. [\[Medline abstract\]](#)  
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