Background: Primary immune thrombocytopenia (ITP) is a common benign bleeding disorder in childhood. It generally presents with the sudden appearance of bruising, bleeding, or petechiae in an otherwise healthy child, often after a preceding viral illness.
Objective: Study the presenting socio demographic, clinical and laboratory features, and types of treatment of newly diagnosed children with ITP, and to determine their effects on the course, and outcome of the disease.
Materials and Methods: This is a prospective study. The presenting features and types of treatment for 25 children with newly diagnosed ITP admitted to the pediatric ward of AL-Sadder Hospital, Missan / Iraq, between 1st of December 2009 and 1st December 2011, were evaluated to determine their prognostic significance on the course of the disease. The patients were followed up for at least 6 months.
Rsultes: The presenting features of 25 children with newly diagnosed ITP were analyzed. At diagnosis ITP was more prevalent in males (64%) with male: female ratio 1.7: 1, 1-5-year group (60%), and urban residency (60%) children. It was commonly occurred in spring (44%), and nadir in autumn (12%), with preceding history of acute viral illness (76%). ITP was commonly presented as sudden onset of petechiae and/or bruising (92%), with initial platelet count less than 20 x 10^9/L (84%). Among studied children, (72%) had a favorable outcome and followed an acute course, while (28%) developed chronic ITP. Univariate analysis was demonstrated that, only onset of the disease and history of preceding acute viral illness were significantly affecting the course of ITP. Gradual onset of symptoms and absence of history of preceding acute viral illness correlated with a chronic course of ITP. Intravenous immunoglobulin (IVIG) was commonly used (60%), and mode of treatment had no significant effect on the clinical course of ITP.
Conclusion: Childhood ITP has a favorable outcome. Only a small number of children go on to develop chronic phase.Among initial presenting features, only gradual onset of symptoms and absence of history of preceding acute viral illness correlated with a chronic course of ITP. Future large prospective studies are recommended to confirm our results.