Headline	**Bleeding and bruising disorder**		
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Bleeding and bruising disorder

Do you bruise easily? Do you experience heavy menstrual bleeding? Check if you have a blood disorder, writes **MEENA SREENIVASAN**

NOT many of us, even those who consider ourselves medical-savvy, know what ITP or Immune (idiopathic) Thrombocytopenic Purpura means.

Consultant haematologist Dr Ng Soo Chin of Sime Darby Medical Centre Subang Jaya says ITP is a rare but serious blood disorder.

"Sometimes our immune system malfunctions and produces antibodies against platelets." ITP is an auto-immune disease where the body creates antibodies that destroy platelets, resulting in blood losing the ability to clot.

ITP falls into two categories — acute ITP which usually lasts less than six months and chronic ITP which lasts longer.

Dr Ng sheds light on commonly asked questions about ITP.

Q: Why is ITP causing so much concern of late?

A: This is a relatively rare disease but since there are many ITP patients, it adds up to a big number.

In Malaysia, an estimated 500 new cases are diagnosed each year and currently there are some 2,500 ITP patients in the country.

Thirty-five per cent of patients in ICU are thrombocytopenic (low platelet count) compared to five to 10 per cent in general wards.

Patients with ITP experience excessive bruising and bleeding and, in some cases, serious haemorrhages that can be fatal.

If ITP affects an estimated five per cent of any population, it is recognised as an medical emergency.

Q: What causes ITP?

A: The specific cause is unknown. Some cases appear after a viral or bacterial infection, after exposure to a toxin, or is associated to another underlying illness such as lupus or HIV.

Since ITP is a disorder marked

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by increased platelet destruction, a malfunction of the human immune system may cause normal platelets and platelet-producing cells to be recognised as foreign.

These are destroyed prematurely, resulting in an unusually low platelet count. This can leave patients at risk of spontaneous bruising, mucosal bleeding (from the nose) and, in severe cases, intra-cranial haemorrhage.

Q: How is ITP diagnosed?

A: A complete blood count determines the number of white and red blood cells and platelets. A blood smear confirms the number of platelets observed in a complete blood count and a bone marrow examination is conducted.

Q: What is a normal platelet count?

A: Normal platelet counts range from 150,000 to 400,000 per micro-litre of blood. People with platelet counts under 10,000 have a severe case of ITP. For many, a count of 30,000 is sufficient to prevent a catastrophic bleed. Individual reactions to low platelet counts differ.

Q: How will a person know if he has ITP? What are the symptoms?

A: People who have ITP often have purple bruises that appear on the skin or on the mucous membranes (for example, in the mouth). The bruises mean bleeding has occurred in small blood vessels under the skin.

A person with ITP may have bleeding that results in tiny red or purple dots on the skin. These pinpoint-sized dots are called "petechiae", which may look like a rash.

People with ITP may also have nosebleeds, bleeding from the gums when they have dental work done, or other bleeding that is hard to stop. Women who have ITP may have a heavier than usual bleeding during menstruation.

Q: What happens when you are diagnosed with ITP?

A: It is important to assess and monitor patients on a long-term basis. Few patients die from bleeding, and most of those who do have other health problems that can make the bleeding worse. Patients should monitor their platelet counts closely. For high risk patients, aggressive exercise is not recommended.

Q: Can ITP be cured?

A: While there is no cure, many patients find their platelet count improves following treatment.

Red spots on your skin is a symptom of ITP

Q: Is it an old person's disease then?

A: No. ITP also occurs in children after a viral infection (for example flu or mumps).

Q: How about in an infant? Can ITP be detected early?

A: ITP is an acute condition in children. But it doesn't pass on to adulthood. In most children, ITP clears on its own within two to eight weeks.

Q: Are there any different conditions leading to ITP?

A: Children who get acute ITP often have had a recent viral infection. ITP in adults, however, does not seem to be linked to infections.

Q: What are the treatments available here?

A: First-line treatment is corticosteroids (oral and intravenous) to boost platelet count and intermittent doses of intravenous immuno-suppressants to suppress the immune system's destruction of blood platelets.

Second-line treatment is surgery (splenectomy), which is considered only if the patient's platelet count remains too low or does not respond to treatment.

Q: What happens after treatment?

A: The goal of medical care is to increase the platelet count to a safe level, permitting patients with ITP to live normal lives while awaiting spontaneous or treatment-induced remission.

ITP has no cure, and relapses may occur years after seemingly successful medical or surgical management.

Q: Is surgery safe? What about delayed side-effects?

A: The spleen is removed only if it is necessary. This surgical procedure is performed mostly on adults whose chronic ITP has not responded to steroids.

Removing the spleen stops the destruction of platelets in it, but the downside is that it also leaves patients vulnerable to infections for the rest of their lives.

Q: Are there any other treatment options?

A: Some people with chronic ITP who have severe, life-threatening bleeding may need platelet transfusion. Although the life span of transfused platelets is shortened greatly by anti-platelet antibodies, platelets may be transfused before surgery to provide a temporary elevation.

Q: Does ITP lead to other blood disorders such as leukaemia or other immune diseases?

A: There is no increased risk of leukaemia but there is a definite increased risk of getting other auto-immune diseases such as lupus.

Q: What are the risk factors or complications?

A: ITP can strike anyone at almost any age. However, the following factors increase your risk:

a) Your gender — girls and younger women are about twice as likely to develop ITP as men. However, the gap narrows as people age.

b) Age — once considered a young person's disease, ITP is more common in people older than 60 than it is in younger adults.

c) Recent viral infection.

Q: What lifestyle changes can a person diagnosed with ITP make?

A: She should limit alcohol intake, avoid platelet-impairing medications and choose low-impact activities. Do not take part in contact sports.

Q: Is there a need for people with ITP to wear a warning bracelet on their wrists?

A: It would be a good identifier for medical response as ITP patients require different attention especially in cases of emergencies such as accidents.

Q: Is ITP hereditary?

A: It is extremely unlikely. For instance, there are two sisters who have it but by large, it is not inherited.

Q: Why are the challenges that exist in the current treatment

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landscape?

A: Challenges are in refractory (recurring or relapse) cases. There are side effects reported for any drug treatment and the prolonged exposure of ITP patients to use of steroids.

Adult patients may fear that bleeding will hinder normal activities while adolescents are often more troubled by the restrictions on lifestyle.

Other concerns are alterations in body image and associated issues with bruising.

Many patients report being depressed. There are several possible explanations. One factor might be interference of the disease on serotonin which regulates mood.

Depression also results from having to manage life with a chronic disease.

■ **meena@nstp.com.my**

Dr Ng says ITP can strike anyone at any age