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Immune thrombocytopenic purpura in the pediatric population

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Immune Thrombocytopenic Purpura (ITP) is a disorder caused by antiplatelet antibodies which lead to an accelerated destruction of platelets and an inhibition of the production of platelets. ITP is the most common cause of thrombocytopenia in children with the most commonly affected age ranging from two to five year old. North American studies report an incidence of 7.2-9.5/100,000 children between 1 to 14 years of age. Patients typically are otherwise healthy, but parents begin to notice abnormal bruising and petechial rash, as well as occasionally wet purpura in the mouth. In general, most cases the disease is self-limiting and the platelet count recovers in 6-12 months, within 80% of the population. Acute infections have been linked to the initiation of ITP as well as to cause an acute decrease in the platelet count in those with ITP. Diagnosis of ITP is almost entirely one of exclusion, and treatment in most cases is based on platelet count, actual bleeding and the potential of bleeding. Patient education is the cornerstone of the treatment plan in a child with ITP. It is imperative that the care giver understands the diagnosis of ITP, as well as treatment plan, and restrictions for a child with ITP.

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