

Isolated Mild to Moderate Thrombocytopenia: To Refer or Not to Refer?

June 13, 2018

How often does mild to moderate thrombocytopenia actually need treatment?

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Article type: [Pediatrics Blog](#)



How often does mild to moderate thrombocytopenia actually need treatment? Schlappi et al. ([10.1542/peds.2017-3804](#)) decided to look into this question by reviewing five years' worth of retrospective data obtained from 113 children with isolated mild or moderate immune thrombocytopenia (ITP). In this series of patients, only three required active hematologic treatment to get their platelet counts elevated. The other 110 patients did not. In fact the vast majority of these patients were able to normalize their platelet counts within a month with simple getting close observation but no active treatments such as steroids or Rh immunoglobulin.

Does this mean you do not need to refer their patients to a specialist for mild to moderate thrombocytopenia? As you might imagine, 113 patients may not be a big enough sample for you to be convinced. This study should make you feel more secure in not immediately calling for a consult. What do you do with your patients who have mild to moderate ITP? We welcome your comments in response to this blog, in the comments section within this article and via our Twitter or Facebook pages.

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