

Letter to the Editor

Pregnancy and immune thrombocytopenia: New trends

Turgutkaya and Yavaşođlu. Pregnancy and ITP: New trends

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To the Editor;

I've read the article written by Kalaycı H. et al with interest. (1). I'd like to emphasize a few points. The term "idiopathic thrombocytopenic purpura" is abandoned and changed as immune thrombocytopenia by Vicenza Consensus at 2009 by understanding the pathophysiology of the disease, although the abbreviation "ITP" remained as the same. Also from the diagnosis, the first 3 months, between 3-12 months and after 12 months was determined as acute, persistent and chronic ITP respectively. It is named as primary ITP unless another condition such as autoimmune disorders co-exist. To diagnose ITP, thrombocyte count should be below $100 \times 10^9/L$ (2). ITP is diagnosed of 1 to 10 among 10,000 pregnancies and 30% of cases need therapy. If no other hemostatical abnormality exists, thrombocyte count at delivery should be at 75 to $80 \times 10^9/L$ supported by most guidelines. The "safe" platelet level to prevent post-partum bleeding was suggested as $50 \times 10^9/L$ in one study similar to yours. (2,3) American Society of Hematology and International Working Group guidelines support intravenous immunoglobulin and/or corticosteroids as the first line treatment, and they seem to be equally potent in enhancing thrombocyte counts. The thrombocyte concentrates should not be used unless there's a potential life threatening bleeding. Fetal malformation risk restricts the choice for second-line treatment. Azathioprine may be considered to spare steroids. Anti-RhD immune globulin, cyclosporine, and rituximab could be good alternatives because of their successful reports but yet they cannot be routinely used. (4) In an experimental study, recombinant human thrombopoietin may be a safe and effective option for the treatment of pregnant ITP patients. Romiplostim treatment in refractory ITP is reported in some pregnancies. (5) Although all the data we have so far, pregnancy-ITP relationship remains to be illuminated with further prospective studies.

References

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