replacement products are faced with the consequences of this dreaded disease. Consequently, they need the support of health professionals, especially in the areas of safe sexual practices to avoid disease transmission and public education regarding acquired immune deficiency syndrome (AIDS) and ways to deal with public reactions to persons who have AIDS.

Immune Thrombocytopenia (Idiopathic Thrombocytopenic Purpura)

Idiopathic thrombocytopenic purpura (ITP), the formerly used term because purpura is an infrequent sign at presentation, is now referred to as *immune thrombocytopenia* (Rodeghiero, Stasi, Gernsheimer, et al, 2009). ITP is an acquired hemorrhagic disorder characterized by (1) **thrombocytopenia**, (2) absence or minimal signs of bleeding (easy bruising, mucosal bleeding, petechiae) in most childhood cases, and (3) normal bone marrow with normal or increased number of immature platelets (**megakaryocytes**) and **eosinophils**. Although all causes of ITP are not known, it is understood that ITP involves the evolution of antibodies against multiple platelet antigens, leading to reduced platelet survival and impaired platelet production (Consolini, 2011; McCrae, 2011). ITP is the most common thrombocytopenia of childhood, with the majority of cases in children younger than 10 years old with the peak incidence between 1 to 5 years old (Consolini, 2011; McCrae, 2011; Montgomery and Scott, 2011).

The disease occurs in one of two forms: (1) an acute, self-limiting course or (2) a chronic condition (>12 months' duration). The acute form occurs most commonly after upper respiratory tract infections; after the childhood diseases measles, rubella, mumps, and chickenpox; or after infection with human parvovirus.

Diagnostic Evaluation

The diagnosis is suspected on the basis of clinical manifestations (Box 24-6). In ITP, the platelet count is reduced to less than 20,000/mm^3; therefore, tests that depend on platelet function, such as the tourniquet test, bleeding time, and clot retraction, are abnormal. There is no definitive test that establishes a diagnosis of ITP; several tests are usually performed to rule out other disorders