

Criteria for Anti-D Antibody Therapy

- Age between 1 and 19 years old; Rh(D)-positive blood type
- Normal WBC count and hemoglobin level for age; platelet count of 20,000/mm³
- No active mucosal bleeding
- No history of reaction to plasma products
- No known immunoglobulin A deficiency
- No concurrent infection
- Absence of Evans syndrome (characterized by the combination of ITP and autoimmune hemolytic anemia)
- No suspicion of lupus erythematosus or other collagen vascular disorder
- No splenectomy

ITP, Idiopathic thrombocytopenic purpura; *WBC*, white blood cell.

Splenectomy is for patients who have chronic ITP that is not responsive to pharmacologic management and have increased risk of severe hemorrhage. It is an option associated with long-term remission for these children and reduces the risk of hemorrhage (McCrae, 2011; Montgomery and Scott, 2011; Wilson, 2009). Before splenectomy is considered, it is recommended to wait until the child is older than 5 years of age because of the increased risk of bacterial infection. Administration of pneumococcal, meningococcal, and *H. influenzae* vaccines are recommended before splenectomy (see Immunizations, Chapter 7). The child also receives penicillin prophylaxis after splenectomy. The length of prophylactic therapy is controversial, but in general, a minimum of 3 years of therapy is recommended.