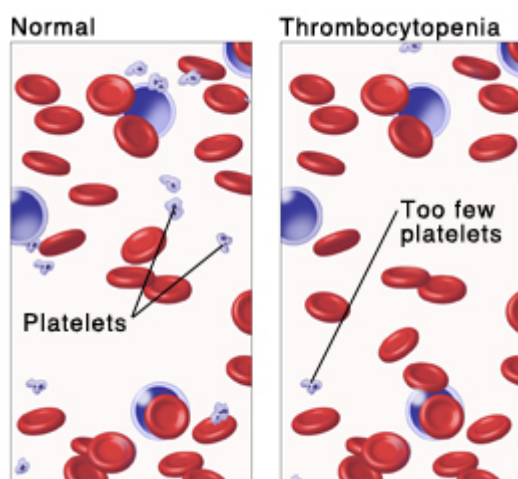


# Thrombocytopenia



Thrombocytopenia occurs when there are fewer platelets in the blood than normal. Platelets (thrombocytes) are blood cells that are needed for clotting. They help stop or control bleeding when you have a cut or wound. Thrombocytopenia can range from mild to severe. This depends on the number of platelets in your blood. If you have severe thrombocytopenia, you're at higher risk for bruising and bleeding.



## What causes thrombocytopenia?

Platelets and other blood cells are made in the **bone marrow**. This is the soft, spongy part inside bones. Thrombocytopenia can result when:

- The bone marrow doesn't make enough platelets
- Platelets are destroyed by the body at a rate faster than they can be made in the bone marrow
- Platelets become trapped in an enlarged spleen

These problems can happen because of many reasons, including:

- Certain conditions that affect how platelets are made in the bone marrow, such as aplastic anemia, leukemia, and lymphoma
- Certain medicines, such as some types of antibiotics, antiseizure medicines, and chemotherapy medicines
- Certain viral infections, such as varicella (chicken pox), HIV, and Epstein-Barr virus
- Certain immune problems, such as lupus and immune thrombocytopenic purpura (ITP)
- Certain conditions that can cause an enlarged spleen, such as cirrhosis and cancer
- Alcohol abuse
- Pregnancy

## What are the symptoms of thrombocytopenia?

Possible symptoms include:

- Severe bruising or bleeding
- Small red or purple spots (petechiae) on the skin
- Bleeding gums
- Nosebleeds
- Bleeding from a wound that stops and starts again
- Bloody urine or stool
- Heavy menstrual flow

## How is thrombocytopenia diagnosed?

Your healthcare provider will ask about your symptoms and health history. You will also be examined. Tests will be done to confirm the problem as well. These may include:

- **A complete blood cell count (CBC).** This test measures the amounts of the different types of cells in the blood. This includes the number of platelets in the blood (platelet count).
- **A blood smear.** This test checks for the different types of blood cells in the blood and how they appear. A sample of your blood is spread on a glass slide and viewed under a microscope. A stain is used so the blood cells can be seen.
- **A bone marrow aspiration and biopsy.** This test checks for problems with how the bone marrow makes blood cells. A needle is used to remove a sample of the bone marrow in your hipbone. The sample is then sent to a lab to be tested for problems.

## How is thrombocytopenia treated?

Often, no treatment is needed for thrombocytopenia. Your healthcare provider will monitor your symptoms to see if they improve. Blood tests will also be done to check whether your platelet count returns to normal on its own. If treatment is needed, this may involve:

- **Treatment of the underlying cause.** For instance, if a medicine is the cause, it may be stopped or changed.
- **Platelet transfusions.** These help raise the number of healthy platelets in the body.
- **Blood transfusions.** These help treat blood loss that may occur because of low platelets.
- **Medicines.** These may be given to help prevent platelets from being destroyed. These may also be given to help the bone marrow make more platelets.
- **Surgery to remove the spleen.** The spleen helps filter the blood. It also stores some blood cells, including platelets. When thrombocytopenia is caused by ITP, platelets become trapped in the spleen. If ITP is not controlled with medicine, removing the spleen can be an effective treatment.

## What can I expect for recovery and follow-up?

Thrombocytopenia may be a short-term (acute) problem that has no lasting effects. Or it may be an ongoing (chronic) problem. If your condition is chronic, you may need specific treatments to manage it. Your healthcare provider will explain what you need to do based on the cause and long-term outlook of your thrombocytopenia.

You may need to take certain steps daily to reduce your risk of bleeding. Your healthcare provider will give you specific home care instructions. Follow your provider's instructions closely. Here are some tips.

## Activity

- You may feel tired for a few weeks while your platelet levels are still low. However, try to stay active. Start walking around the house or outside as soon as you feel like you can.
- You may be told to limit certain activities that increase your risk of injury. Talk to your healthcare provider before playing contact sports. Avoid situations where you could get bruise or bleed.

## Diet and medicine

- If you were in the hospital, you likely will be able to eat your regular diet once you go home. Eat a well-balanced diet with plenty of fruits and vegetables. This is to make sure your body gets all the nutrients it needs to make healthy platelets.
- You may be advised to not drink alcohol and to not take certain medicines, such as aspirin and ibuprofen. These can worsen your symptoms.
- Take your prescribed medicines as instructed by your healthcare provider. Don't skip doses or change doses without talking to your provider.

## Ongoing and follow-up care

- Keep all your healthcare provider's appointments. Ongoing follow-up with your provider is important to monitor your platelet counts.
- Watch and keep track of bleeding and follow instructions on when to call your healthcare provider. This can include bleeding while brushing your teeth, increasing bruising, or heavy menstrual cycles.

## Call 911

**Call 911** if you have any of these:

- Heavy bleeding that won't stop. This includes a very heavy menstrual cycle for those who have periods.
- Trouble breathing or chest pain
- Fainting or feeling dizzy or lightheaded
- Signs of bleeding in the brain. These include severe headache, dizziness, trouble with balance and coordination, abnormal walk, memory loss, and confusion

## When to call your healthcare provider

Call your healthcare provider right away if you have any of these:

- Bruising that spreads or worsens
- Increase of small red or purple spots (petechiae) on the skin
- Bloody urine
- Dark brown or black, tarry, or bloody stools
- Bloody vomit
- New or worsening symptoms or you don't feel better as expected

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