



## IMMUNE MEDIATED THROMBOCYTOPENIA

### ABOUT THE DISEASE

Thrombocytes (platelets) form clots to stop or prevent bleeding from injuries.

Thrombocytopenia indicates abnormally low bloodstream platelets. Immune-mediated thrombocytopenia (IMTP/ITP) occurs when the immune system destroys platelets. Minor trauma overwhelms low counts, causing spontaneous leaks from small vessels, significant blood loss, and critical spontaneous bleeding.

Classified as

- Primary—no identifiable cause (genetic, spontaneous, etc.)
- Secondary—from other factors (infectious disease, cancer, vaccines, medications, etc.)

Signs are vague until spontaneous bleeding: weakness, bruising, petechiae/ecchymoses (small red spots on skin/gums), visible hemorrhage (mouth, nose, feces, vomit, urine), respiratory difficulty, collapse, death.

### OBTAINING A DIAGNOSIS

Blood counts identify low platelets, verified by microscopic blood smear.

Infectious panels (tick-borne, etc.) rule out secondary IMTP/ITP causes. In geriatric patients, diagnostics focus on identifying cancers.

### TREATMENT

IMTP/ITP therapy suppresses immune platelet destruction. Treat identified secondary diseases alongside.

All patients receive glucocorticoids (steroids); severe cases add immunosuppressants like azathioprine, cyclosporine, or cyclophosphamide. Platelet transfusions provide no sustainable benefit.

### TIPS FOR SUCCESS

- Restrict activity until blood tests confirm normal platelets—even minor trauma (bumps, play, chews) risks severe bleeding.
- Give meds exactly as directed; consult vet before dose changes—never stop abruptly if side effects occur.
- Monitor closely post-remission; spontaneous recurrence possible.