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### Better outcome of splenectomy in younger patients suffering from chronic immune thrombocytopenia (ITP)

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**Background & Aim:** Adult chronic immune thrombocytopenic purpura (ITP) is an autoimmune disorder manifested by thrombocytopenia from the effects of antiplatelet autoantibodies and T lymphocyte-mediated platelet cytotoxicity. Initially, most ITP patients are treated with medical therapy; if no lasting response occurs, they undergo splenectomy. The aim of this study was to explore the results of splenectomy in chronic immune thrombocytopenia and to analyze factors which can predict better response of splenectomy in patients undergoing surgery.

**Material & Methods:** The retrospective charts review comprised of adult patients over 16 years of age who underwent splenectomy for Idiopathic Thrombocytopenic Purpura at Aga Khan University Hospital, Karachi, from October 2005 to September 2015. Data was reviewed in January 2016 by a surgical resident. Files of all 51 patients who underwent splenectomy for ITP during this period were retrieved. Preoperative status was assessed in terms of number of platelet count, time since diagnosis of ITP and medical options used till undergoing splenectomy for ITP. The outcome was the response to splenectomy as per the new definition of response set by the American Society of Hematology 2011 evidence based practice guidelines for Idiopathic Thrombocytopenic Purpura. Assessment of response in terms of platelet count was done up till 12 months post splenectomy. Secondly, factors were analyzed which can predict better response prior to surgery alongside possible complications associated with surgical procedure. SPSS 19 was applied for statistical analysis.

**Results:** A total of 51 patients were found eligible; of them, 14 (27.5%) were males and 37 (72.5%) were females with an overall median age at the time of splenectomy of 32 years (range: 16-65 years). Out of 51 cases, 22 (43.1%) patients underwent open splenectomy, 22 (43.1%) laparoscopic and 7 (13%) had started laparoscopically, but converted to open splenectomy. Complete response was achieved in 43 (84.3%) patients, whereas 2 (4%) had response and 6 (11.7%) had no response. Relapse rate after showing initial response at 1 year of follow up was 8.8%.

**Conclusion:** Splenectomy is a safe and effective option in refractory cases of immune thrombocytopenia. Young age at time of surgery is associated with good outcome, while resistant to prior type or numbers of medical therapy has nothing to do with the outcome. In our population response to splenectomy in adult Idiopathic Thrombocytopenic Purpura patients was comparable to reported rates in literature with relatively lower morbidity and mortality.

#### Biography

Sabah Uddin Saqib is from Aga Khan University Hospital, Pakistan His research interests reflect in his wide range of publications in various national and international journals.

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