



## Prevalence and Predictors of Thrombocytopenia

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### DESCRIPTION

Thrombocytopenia (THROM-bo-sigh-toe-PEE-ne-ah) occurs when the platelet count is low. These types of blood cells gather to form clots that help stop bleeding at the site of a cut or wound. Another name for thrombus is thrombus.

Bone marrow is the soft, spongy tissue inside bones that makes up all blood cells, including platelets. People with thrombocytopenia do not have enough platelets to form clots. Injuries, such as cuts, can bleed more and be more difficult to stop.

Thrombocytopenia is usually asymptomatic and detected with a routine blood count. Some people with thrombocytopenia experience external bleeding, such as nosebleeds and bleeding gums. Some women have heavy or long periods and breakthrough bleeding. Bruises, especially purpura on the forearms, petechiae on the feet, legs, and mucous membranes can be caused by spontaneous bleeding under the skin.

A complete medical history is important to ensure that the low platelet count is not due to another disorder. It is also important not to suppress other blood cell types such as red blood cells and white blood cells as well. Painless, circular (1 to 3 mm in diameter) petechiae usually appear and sometimes discolour to form ecchymoses. Ecchymosis is larger than petechiae and is purple, blue, or yellow-green areas of skin that vary in size and shape. They can appear anywhere on the body.

People with this disorder may also complain of malaise, fatigue, and general weakness (with or without blood loss). Acquired thrombocytopenia may be related to the use of certain drugs. Examination usually reveals signs of bleeding (petechiae or ecchymoses) along with slow, continuous bleeding from an injury or wound. Adults may develop large, blood-filled blisters in the mouth. If the patient's platelet count is between her 30,000 and 50,000/mm<sup>3</sup>, bruising from minor trauma is to be

expected. Between 15,000 and 30,000/mm<sup>3</sup> naturally bruises (usually on the arms and legs). Thrombocytopenia has many causes. One of the most common causes of low platelets is a condition called Immune Thrombocytopenia (ITP). It may be called by its older name idiopathic thrombocytopenic purpura. Doctors don't know what causes primary ITP, but they do know that it occurs when the body's main defense against disease, the immune system, isn't working properly. Antibodies intended to attack infection mistakenly destroy platelets instead.

Thrombocytopenia can occur in families, but it can also result from many medical conditions. Treatment of this condition can improve ITP. Secondary ITP happens when ITP is linked to another condition, such as:

1. Viral infections (including chickenpox, parvovirus, hepatitis C, Epstein-Barr, and HIV)
2. Systemic Lupus Erythematosus (SLE)
3. Chronic Lymphocytic Leukemia (CLL)
4. Drug-induced immune thrombocytopenia
5. Sepsis, a severe bacterial infection in your blood
6. Helicobacter pylori (H. pylori), a bacteria that can live in your digestive system

Treatment of thrombocytopenia depends on the cause and whether symptoms are present. Mild thrombocytopenia does not require treatment. You don't need a perfectly normal platelet count to prevent severe bleeding from a severe cut or accident. If the bleeding is profuse or the risk of complications is high, medications and procedures may be needed. Also, the condition causing the low platelet count should be treated. If a reaction to a drug is the cause of your low platelet count, your doctor may prescribe another drug. Most people recover when the first drug is stopped. With HIT, stopping heparin is not enough. Another drug is often needed to keep the blood from clotting. If our immune system is causing your platelet count to drop, your doctor may prescribe immunosuppressants.

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