Idiopathic thrombocytopenic purpura: preliminary results in patients aged &gt;65 years

Sir,

Idiopathic thrombocytopenic purpura (ITP) is often diagnosed in the elderly, but no specific guidelines exist for such patients.1 Recent studies report that patient age may influence both therapeutic response and treatment-associated toxicity.2 We describe the preliminary results of our experience of ITP in a group of patients aged &gt;65 years.

This retrospective study included 30 elderly patients (&gt;65 years) followed since 1985 in the Departments of Internal Medicine, Geriatrics and Haematology of the University Hospital of Strasbourg (France), a reference centre; partial data have been previously published.3 Data include clinical characteristics, therapies used, response rates (according to the criteria of Berchtold et al.4) and side-effects at 6 months.

Mean patient age was 71 years (range 65–82); 12 patients were aged &gt;75 years. Initial presentations included: thrombocytopenia revealed by a routine blood count in 6 (20%), bleeding limited to the skin in 7 (23%) and bleeding in one or more other sites (mucosa or visceral) in 17 (57%). Mean platelet count was 47 × 10^9/l (range 1–120). Initially, all treated patients (n = 14) responded to oral corticosteroid therapy, but only one third of these (n = 5) were still responding after 6 months of follow-up. Adverse effects of corticosteroid therapy were reported in 100% of those treated. Intravenous immunoglobulin was the initial treatment in three patients, none of whom responded. Initially, all splenectomized patients (n = 6) showed some improvement, but at 6 months follow-up, none was completely cured. Post-operative complications occurred in 4, including one fatality (septic shock). Danazol was given to five patients, with a response in 60% (n = 3); moderate to severe elevation of serum aspartate or alanine aminotransferase was reported in all these responders (n = 3).

This is one of the largest published series of elderly ITP patients. ITP seems to be more severe in elderly patients, with around two-thirds having mucosal or visceral bleeding. Our results confirm that age influences the response to, and adverse effects of, several conventional therapies. The results also confirm that Danazol may be an effective therapeutic alternative to splenectomy for elderly ITP patients, as we have previously suggested.5

In our opinion, published practice guidelines for ITP are not optimal for older patients. Further studies with larger numbers and controlled clinical trials are warranted, to improve the treatment of elderly ITP patients.

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