



Comparison of dexamethasone and anti-D immune globulin for immune thrombocytopenia purpura in children

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ARTICLE INFO	ABSTRACT
Article type Review article Article history Received: 5 Jan 2014 Revised: 22 Jan 2014 Accepted: 4 Feb 2014 Keywords Children Dexamethasone Immune thrombocytopenic purpura (ITP)	Different therapeutic options in children with immune thrombocytopenic purpura include observation alone, periodic treatment with corticosteroids, intravenous immunoglobulin (IVIG) or anti-D, chronic administration of immunosuppressive agents, and splenectomy. Preference of the type of therapy depends on the degree of thrombocytopenia and clinical bleeding manifestations. Dexamethasone is safe but its side effects are the main disadvantages for its usage. Anti-D is more expensive than dexamethasone but the side effect is rare and not dangerous and response to treatment is assessed in approximately 3 days after infusion.

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Introduction

Immune thrombocytopenic purpura (ITP) is an immunologic and hematologic disorder characterized by antiplatelet antibodies that lead to immune-mediated platelet destruction by the reticuloendothelial system (RES) (1). Chronic immune thrombocytopenic purpura (chronic ITP)

develops in 20% of acute ITP in children (2). Treatment of ITP in children is considered appropriate with platelet count of $10 \times 10^9 / l$ with mild purpura or platelet count of $20 \times 10^9 / l$ with mucosal bleeding (2).

Depending on the degree of thrombocytopenia and clinical bleeding,

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