Conclusion

A single dose of 50 mg/kg IV anti-D increased platelet count to 20×10 9 /l within 3 days in approximately 60% of children. Intravenous anti-D seems safe in classic childhood ITP with fewer side effects than IVIG. However, hemolysis and renal failure may be of concern in some cases but it is not for cases that has good Hb and normal function of kidneys. It means that patients reach renal failure and hemolysis when they have previous history of renal diseases or have lower hemoglobin or anemic pretreatment.

Subcutaneous administration may be an interesting alternative, but further investigation is needed. Dexamethasone is a safe and not expensive drug to treat these patients but physicians are not intrested to use it because of its long-term side effects.

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Conflict of Interest

The authors declare no conflict of interest.

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