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Treatment and Management of Idiopathic Thrombocytopenic Purpura (ITP) in a Collegiate Football Player

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OBJECTIVE

Treatment and management of Idiopathic Thrombocytopenic Purpura (ITP) in a collegiate level football player.

MEDICAL HISTORY

A 21-year old (10/14/1992), 209 pound, 5 foot 11 inch tall male collegiate football player (linebacker). During the patients senior year of high school he started noticing patches of small red dots on his legs. Followed by extreme bruising on the anterior aspect of his legs as a result of doing hang cleans. He went to the doctor where they did a blood test that revealed a platelet count of 100. At this point he was hospitalized where they did more blood work and a bone marrow biopsy. He was first given Prednisone, which did not work. He then had his spleen removed but did not see the results they wanted. After the he was given a Romiplostim injection, commonly known as an Nplate injection.

DIFFERENTIAL DISGNOSIS

Anemia, Leukemia, iron deficiency and dermatitis.

RELATED LITERATURE

Not many articles exist in regards to ITP in athletes however; there is a case study. Idiopathic Thrombocytopenic Purpura Presenting in a High School Football Player: a case report looks at alerting Athletic Trainers about the signs, symptoms and potential risks of individuals with ITP.

TREATMENT

He now has weekly doctor's visits where they do a complete blood count. If his platelet count comes back under 100,000 he is removed from all contact activities and is given an Nplate injection. As long as his platelet count remains 200,000 or above at his weekly check he does not receive an Nplate injection and can participate as normal.

DEVIATIONS

ITP is diagnosed in 3.3 adults out of 100,000 per year. With this condition the body attacks its own platelets leading to extremely low levels. A normal platelet count should be 150,000 to 450,000 but people with ITP typically have a count below 20,000. There are even times when platelet counts can fall around 10,000 and this is when internal bleeding can occur on its own.

CONCLUSIONS

Due to the severe risk of internal bleeding with this condition not many people with ITP participate in contact or collision athletics therefore little to no research exist on the treatment and management of Idiopathic Thrombocytopenic Purpura in participating athletes. With that being said, our patient has been playing successfully with his diagnosis for several years now with no major or evident issues.

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