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Thrombotic Thrombocytopenic Purpura:
A guide for patients, family and friends



THROMBOTIC THROMBOCYTOPENIC PURPURA (TTP): WHAT IS IT?

Understanding the name goes a long way in explaining this rare condition. *Thrombotic*, is a term for blood clots which are often observed in the small blood vessels of patients with TTP and can cause damage to organs such as the kidneys, brain and heart. Platelets are the smallest cells that normally circulate in the blood stream. They serve a very important role, acting as plugs to stop bleeding. A decrease in the number of circulating platelets is called *thrombocytopenia* and may result in bleeding. In TTP the platelets are used up in the abnormal clots that occur throughout the body, leaving too few to do the work of preventing bleeding elsewhere. *Purpura* is a term to describe the bruises and bleeding spots resulting from this shortage of platelets.

TTP classically has been associated with five key signs and symptoms, though not every one of these is present in every person affected.

The five signs and symptoms are:

1. thrombocytopenia
2. anaemia (reduced number of red cells)
3. kidney failure
4. fever
5. confusion

With treatment, most patients with TTP make a full recovery.

WHAT CAUSES TTP?

There is no explanation for the occurrence of TTP in most people. In the minority of patients we can identify a particular trigger, such as infection, some medications, cancer or pregnancy. TTP occurs at a frequency of 2–4 cases per million people per year.

More recently our understanding of TTP has improved. This knowledge will no doubt help in the treatment of patients with this rare condition.

WHAT IS THE TREATMENT?

This involves the removal of the patient's plasma with a special machine, replacing it with healthy plasma. This process is referred to as plasma exchange. The way it helps treat TTP is not completely understood. It is most likely that plasma exchange removes harmful substances, including some antibodies, which are causing the illness, and replaces normal blood proteins. Usually the treatment is daily plasma exchange for one to three weeks. Some patients may need additional plasma exchange or other supplementary treatments.

WHAT IS THE OUTCOME OF TREATMENT?

Most patients who commence plasma exchange recover completely. Up to one in three patients may experience another relapse after they recover. Relapse is treated in a similar way.

For further information please speak with your treating doctor.