

Low dose Prednisolone, Azathioprine and Cyclosporine A. An alternative triple therapy in Egyptian children with Chronic refractory ITP: A single centre prospective study

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In newly diagnosed childhood ITP, 20 -25% will develop chronic disease. 27.4% of our Cairo University Pediatric Hospital cohort developed chronic ITP with 13.7% having severe refractory disease. Our chronic ITP treatment protocol includes oral prednisone, high dose methylprednisolone , IVIG, single or combined with steroids, azathioprine , splenectomy ,other immunosuppressive drugs and rituximab if available. A Japanese report of a 5 year old child with chronic ITP not responding to splenectomy or other immunosuppressive therapy showed complete remission on a combination therapy of prednisolone(0.8mg/kg/d), azathioprine(1.7 mg/kg/d) and cyclosporine A(2.5mg/kg/d) . We conducted a prospective study to assess the efficacy of this triple therapy in our chronic refractory severe ITP cohort. We included 18 children who failed to respond to treatment with high dose methylprednisolone and/or oral prednisone , IVIG , azathioprine(n=9/18) and/or patients who refused splenectomy (n=5/18) as well of patients who are candidates for splenectomy (n=4/18) and their platelet counts failed to rise to desired level despite receiving other available treatment modalities. Our cohort included 9 males and 9 females with a mean current age and an age at presentation of 12 and 4.8 years, respectively . Their mean duration of illness was 6.5 years. All children had subcutaneous bleeds at time of presentation and 55.6% had mucous membrane bleeds. Their mean initial platelet count was $7 \times 10^9/L$. On triple therapy regimen, 8/18 underwent CR (Complete response), 2/18 R (Response) and 4/18 NR (No response) although bleeding was controlled and a haemostatic platelet count was achieved. In conclusion this triple therapy regimen is an option to be considered in childhood chronic refractory ITP especially when treatment resources are constraint and/or when patients refuse splenectomy and fail to respond to other limited treatment options.