

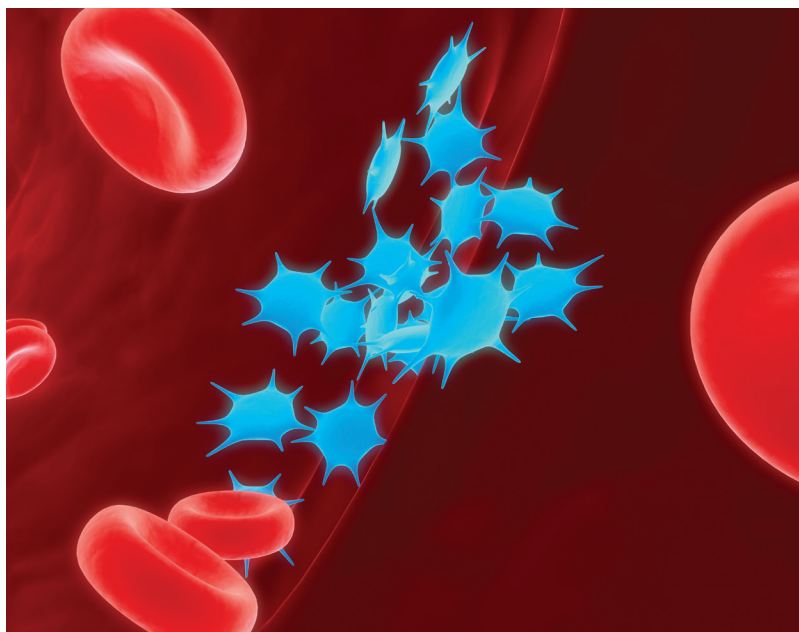
Thrombocytopenia

What is thrombocytopenia?

Thrombocytopenia is a condition in which a person's blood has an unusually low level of platelets. Platelets, also called thrombocytes, are the cells that stop bleeding by helping the blood clot and plugging damaged blood vessels. These cells are made in the bone marrow.

What are the symptoms of thrombocytopenia?

People with thrombocytopenia may experience unexpected bruising, small purple or red spots under the skin, bleeding from the nose or gums, heavier than usual menstrual periods in women, black or bloody bowel movements, red- or pink-colored urine, bloody vomit, severe headaches, dizziness, pain in joints or muscles, and increased weakness. Tell your doctor immediately if you experience any of these symptoms. Often, symptoms do not occur until the level of platelets is very low.



What causes thrombocytopenia?

Some types of chemotherapy and other medications damage the bone marrow, lowering its production of platelets. Thrombocytopenia caused by chemotherapy is usually temporary. Sometimes, a person's immune system destroys healthy platelets. Radiation therapy usually does not cause thrombocytopenia unless a significant amount of radiation is directed at the pelvis, the person is receiving chemotherapy at the same time, or the cancer has spread to the bones. Thrombocytopenia may also occur when cancer cells, such as leukemia or lymphoma cells, crowd out healthy bone marrow cells. Rarely, thrombocytopenia occurs when other cancers, such as prostate or breast cancer, spread to the bone marrow. Another uncommon cause of thrombocytopenia is enlargement of the spleen, which happens when the spleen traps too many platelets.

How is thrombocytopenia diagnosed?

Thrombocytopenia is diagnosed with a blood test that counts the number of platelets in a sample of blood. People with specific types of cancer or those having cancer treatment known to cause thrombocytopenia may receive regular blood tests to look for it and other blood-related complications. Sometimes other tests may be required to identify the specific cause of thrombocytopenia.

What are the treatment options for thrombocytopenia?

People whose platelet counts drop while receiving chemotherapy may switch to a lower dose or wait longer between chemotherapy cycles. Because of the risk of bleeding, the doctor may delay cancer surgery until platelet counts are restored to a normal level. In addition, people with a low level of platelets may receive a transfusion of platelet cells to prevent or treat heavy bleeding. However, transfused platelets only last about 3 days, and some patients may need multiple transfusions.

Along with treatment from your doctor, you can reduce the risks associated with thrombocytopenia by preventing bleeding (for example, taking care while shaving, brushing your teeth, or blowing your nose), not drinking alcohol, not taking medications such as aspirin or other blood thinners, and avoiding contact sports and other activities that might cause injury.

Questions to ask the health care team

Regular communication is important for making informed decisions about your health care. It can be helpful to bring someone along to your appointments to take notes. Consider asking your health care team the following questions:

- Does my cancer or cancer treatment put me at risk for developing thrombocytopenia?
- Will you test my blood to look for signs of thrombocytopenia?
- Would you explain my laboratory test results?
- What is causing my thrombocytopenia?
- What are my treatment options?
- What are the risks and benefits of each treatment?
- Would you recommend switching to a lower dose of chemotherapy or waiting longer between chemotherapy cycles?
- Are there medications you can prescribe to help prevent severe thrombocytopenia during chemotherapy?
- Do I need a transfusion of platelets?
- Are there any other steps that I can take to prevent complications from thrombocytopenia?
- Whom should I call if I have questions or problems?

Find additional information and questions to ask the health care team at www.cancer.net/sideeffects. For a digital list of questions, download Cancer.Net's free mobile app at www.cancer.net/app.

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WORDS TO KNOW

Bone marrow:

Soft, spongy tissue found inside larger bones

Chemotherapy:

The use of drugs to destroy cancer cells

Complete blood count:

Blood test that evaluates the number of white blood cells, red blood cells, and platelets

Hemorrhage:

Spontaneous, heavy bleeding

Nadir:

Low point, often used in reference to blood cell counts

Pathologist:

A doctor who specializes in interpreting laboratory tests and evaluating cells, tissues, and organs to diagnose disease

Petechiae:

Small purple or red spots caused by bleeding under the skin

Phlebotomist:

A technician who collects blood samples for evaluation in a laboratory

Radiation therapy:

The use of high-energy x-rays or other particles to destroy cancer cells

Symptom management:

The relief of side effects, also called palliative or supportive care

Transfusion:

Process by which donated blood or blood components are transferred into a person's body through an intravenous line

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