

Haematology – Clinical Guidelines: Thrombocytopenia – GP Referral Guidelines

Introduction

Thrombocytopenia is defined as a platelet count $< 150 \times 10^9/l$. Most patients with counts of $> 50 \times 10^9/l$ are asymptomatic, with the risk of spontaneous haemorrhage increasing significantly below $20 \times 10^9/l$. Differential diagnosis includes immune peripheral consumption (ITP), any cause of bone marrow failure (aplasia, malignant infiltration, myelodysplasia, B12 / folate deficiency), alcohol, drugs, sepsis, hypersplenism, disseminated intravascular coagulation (DIC) and TTP / HUS.

The following should be referred urgently for outpatient assessment:

- Platelet count $< 50 \times 10^9/l$
- Platelet count $50 - 100 \times 10^9/l$ in association with:
other cytopenia (Hb $< 100g/L$, Neutrophils $< 1 \times 10^9/l$)
splenomegaly
lymphadenopathy
pregnancy
upcoming surgery

Patients with platelets $< 20 \times 10^9/l$ or active bleeding should be discussed with the duty haematologist to arrange appropriate direct assessment.

Appropriate investigation in primary care for patients not meeting criteria for urgent referral:

- Blood film examination – may exclude platelet clumping artefact
- B12 and folate levels
- Alcohol history
- Consider discontinuation of potentially precipitating medications
- Repeat FBC in 4-6 weeks

Referral for specialist opinion should be considered for:

- Persistent (at least on two occasions 4-6 weeks apart, no clumping noted on the blood film), unexplained thrombocytopenia $< 80 \times 10^9/l$