



ORIGINAL ARTICLE

Correlation Between Demographic and Laboratory Variables in Adult Patients with Acute Idiopathic Thrombocytopenic Purpura in West Iran

Mehrdad Payandeh¹, Masoud Sadeghi^{2,3*}, Edris Sadeghi^{2,3}, Mostafa Hosseini⁴

1. Department of Hematology and Medical Oncology, Kermanshah University of Medical Sciences, Kermanshah, Iran

2. Students Research Committee, Kermanshah University of Medical Sciences, Kermanshah, Iran

3. Medical Biology Research Center, Kermanshah University of Medical Sciences, Kermanshah, Iran

ARTICLE INFO

Article History:

Received: 10.06.2015

Accepted: 20.09.2015

Keywords:

Idiopathic thrombocytopenic purpura

Helicobacter pylori infection

Acute

Chronic

Hemoglobin

WBC count

*Corresponding author:

Masoud Sadeghi,

Address: Medical Biology Research Center, Kermanshah University of Medical Sciences, Kermanshah, Iran

Tel: +98 9185960644

Email: sadeghi_mbrc@yahoo.com

ABSTRACT

Background: Idiopathic thrombocytopenic purpura is an autoimmune blood disorder in which platelet destruction is mediated by anti-platelet antibodies. There are two forms of ITP: acute and chronic. The aim of the present study was to evaluate the clinical variables in adult patients with acute ITP in west of Iran. **Patients and Methods:** Medical records of adult patients with diagnosis of acute ITP referring to Hematology Clinic of Kermanshah from year 2004-2014 were analyzed. Demographic and hematologic data and status of *H. pylori* infection of the patients were extracted.

Results: There were records of fifty-three patients diagnosed with acute ITP. Mean age at diagnosis was 39.1 years (± 13.3) ranging from 14-68 years. Twenty patients (37.7%) were male. Out of 53 patients, 25 cases (47.2%) were positive for *H. pylori* infection. There was significant association between Hb and platelet with sex of the patients ($P \leq 0.05$).

Conclusions: Mean age of adult patients with acute ITP was more than figures expected in chronic ITP patients. In addition, Prevalence of *H. pylori* infection in acute ITP patients was more than chronic ITP patients.

Please cite this article as: Payandeh M, Sadeghi M, Sadeghi E, Hosseini M. Correlation Between Demographic and Laboratory Variables in Adult Patients with Acute Idiopathic Thrombocytopenic Purpura in West Iran. IJBC 2015; 7(5): 220-222.

Introduction

Idiopathic thrombocytopenic purpura (ITP) is an autoimmune disorder in which platelet destruction is mediated by anti-platelet antibodies. There are two forms of ITP: acute and chronic.¹ The acute form is frequently observed among children, but the chronic form mainly inflicts adults. There are numerous differences and similarities in clinical and laboratory findings between children and adult patients with ITP.² *Helicobacter pylori* (*H. pylori*) is a gram-negative, spiral shaped bacterium that colonizes the gastric mucosa. It is a major cause of gastritis and peptic ulcer disease as well as the development of gastric malignancies.³ In several studies, an association between *H. pylori* infection and a number of autoimmune disorders such as adult ITP has

been proven.⁴⁻⁶ *Helicobacter pylori* is highly prevalent in developing countries and is common among 57–91% of the Iranian population⁷. We aimed to evaluate the clinical variables and status of *H. pylori* infection in adult patients with acute ITP in west of Iran.

Patients and Methods

During 2004-2014, fifty-three patients with acute ITP (platelet range=50-99 $\times 10^3/\mu\text{L}$) referred to Hematology Clinic in Kermanshah, west Iran. Age, sex, Hb, WBC count, platelet count were analyzed. All patients had also been screened for *H. pylori* infection using *H. pylori* urea breath test (UBT) and serum *H. pylori* antibody.

Correlation between Hb, WBC and platelet counts with *H. pylori* infection and age of the patients was assessed

using t test. The association between *H. pylori* infection and sex was assessed by Chi-square test (Fisher's exact test). $P < 0.05$ was considered statistically significant. Data were analyzed using SPSS software, version 19.

Results

The mean \pm SD age at diagnosis was 39.1 \pm 13.3 years (range=14-68 years). 25 (47.2%) patients were less than 40 years of age. Twenty (37.7%) patients were men and 33 (62.3%) patients were women. Out of 53 patients, 25 (47.2%) had *H. pylori* infection (table 1).

Mean platelet count at diagnosis was $71 \times 10^3/\mu\text{L}$ (range=52-99), mean Hb was 13.5 g/dL (range=11-18) and mean WBC was $8 \times 10^3/\mu\text{L}$ (range=2.2-40).

We compared age, WBC, platelet count and *H. pylori* infection in patients with acute ITP with respect to sex. There was only a significant association between platelet count and sex ($P \leq 0.05$, table 2).

Table 3 shows the association between age, Hb, WBC and platelet count with *H. pylori* infection. No association was found between these variables and *H. pylori* Infection ($P > 0.05$).

Discussion

ITP is an acquired autoimmune disorder characterized by thrombocytopenia and mucocutaneous bleeding.⁸ It is

commonly assumed that ITP results from autoantibodies causing accelerated platelet destruction. Recent data suggests that autoantibodies may also inhibit platelet production.⁹ Diagnosis of ITP is complex and is based on exclusion of other causes of thrombocytopenia.¹⁰

A study on patients with chronic ITP from Iran showed that 66 out of 129 (51.2%) patients with a mean \pm SD age of 29.2 \pm 7.0 years (range=18-46 years), were female.¹¹ Elezović et al.¹² reported that 136 out of 167 patients with chronic ITP were women (81.4%) and median age of their patients was 35 years (range=17-74 years). In another study¹ on 90 patients with chronic ITP, mean \pm SD age at diagnosis was 36.7 \pm 14.2 years (range, 14- 69 years) and 77.8% were women. In our study on patients with acute ITP, the mean \pm SD age of the patients was 39.1 \pm 13.3 years (range=14-68 years) and 62.3% were women, which is almost similar to the other studies. Frederiksen and colleagues found a mean age of 56 years in 221 patients with acute ITP.¹³ Another study reported that there was no significant correlation between age or platelet count with *H. pylori* infection which the results were in accordance with our study.¹⁴

The prevalence of *H. pylori* infection in adult patients with ITP has been systematically reviewed which was found not to be different from that reported in the general population when it was matched for age and geographical

Table 1: The Basic characteristics of all of patients with acute ITP (n=53)

Variables	n (%)	Mean \pm SD	Range
Age(year)		39.1 \pm 13.3	14-68
<40	25 (47.2)		
≥ 40	28 (52.8)		
Sex			
Male	20 (37.7)		
Female	33 (62.3)		
<i>H. pylori</i> Infection			
Positive	25 (47.2)		
Negative	28 (52.8)		

Table 2: The variables in acute ITP patients based on sex (n=53)

Variables	Sex (Mean \pm SD)		P value
	Male	Female	
Age (year)	42.7 \pm 13.5	36.8 \pm 12.9	P=0.1*
White Blood Cell ($\times 10^3/\mu\text{L}$)	9.2 \pm 7	7.7 \pm 2.4	P=0.3*
Platelet ($\times 10^3/\mu\text{L}$)	76 \pm 13	69 \pm 11	P=0.05*
<i>H. pylori</i> Infection, n (%)			
Positive	12 (60)	13 (39.4)	P=0.1**
Negative	8 (40)	20 (60.6)	

*T-test, **Chi-Square Test (Fisher's Exact Test)

Table 3: Variables in acute ITP patients in terms of *H. pylori* Infection (n=53)

Variables	<i>H. pylori</i> Infection(mean \pm SD)		P value
	+	-	
Age (year)	37.6 \pm 14.4	40.3 \pm 12.4	P=0.4*
Hemoglobin (g/dL)	13.9 \pm 1.6	13.2 \pm 1.4	P=0.08*
White Blood Cell ($\times 10^3/\mu\text{L}$)	9 \pm 6.9	7.6 \pm 2.4	P=0.3*
Platelet ($\times 10^3/\mu\text{L}$)	73 \pm 14	70 \pm 11	P=0.3*

*T-test

area.¹⁵ In Japan, the prevalence of *H. pylori* infection is greater than 70%. A prevalence of 22% for *H. pylori* infection has been reported in North American patients with chronic ITP.¹⁶ This prevalence has been reported about 29% in adult patients with ITP of white French origin.¹⁶ A study on patients with chronic ITP¹ showed a prevalence of 27.8% for *H. pylori* infection. In our study, the prevalence of *H. pylori* infection in acute ITP patients was 47.2% which was greater than other studies except from Japan. Therefore, we can assume that prevalence of *H. pylori* infection in acute ITP patients was more than what is expected from other studies on patients with chronic ITP.

A case of ITP associated with splenic tuberculosis has been reported that hemoglobin and WBC count were 12g/dl and $8 \times 10^3/\mu\text{L}$, respectively.¹⁷ Another study on 93 patients with chronic ITP showed Hb measurements in range of 9.6-17.5 g/dL and WBC counts $3.9\text{-}20.5(\times 10^3/\mu\text{L})$, respectively.² In our study in acute ITP patients, mean of Hb and WBC counts were 13.5g/dl and $8 \times 10^3/\mu\text{L}$, respectively. These results showed that probably there has been no correlation between Hb and ITP in terms of chronicity (acute or chronic). In our study which analyzed adult patients with acute ITP, mean platelet counts was significantly higher in men than women ($P < 0.05$).

Conclusion

Mean age for adults with acute ITP was more than what is expected among patients with chronic ITP. Moreover, it can be assumed that the prevalence of *H. pylori* infection in patients with acute ITP is more than those with chronic ITP.

Conflict of Interest: None declared.

References

1. Payandeh M, Fekri A, Sadeghi M, Sadeghi E. Clinical Variables among Adult Patients with Chronic Idiopathic Thrombocytopenic Purpura in West Iran. *Iranian Journal of Blood and Cancer*. 2015; 7(2):79-83.
2. Saeidi S, Jaseb K, Asnafi AA, Rahim F, Pourmohammadi F, Mardaniyan S, et al. Immune Thrombocytopenic Purpura in Children and Adults: A Comparative Retrospective Study in IRAN. *Int J Hematol Oncol Stem Cell Res*. 2014;8(3):30-6.
3. Suerbaum S, Michetti P. *Helicobacter pylori* infection. *N Engl J Med*. 2002;347: 1175–1186.
4. Sayan O, Akyol Erikci A, Ozturk A. The Efficacy of *Helicobacter pylori* eradication in the treatment of idiopathic thrombocytopenic purpura—The first study in Turkey. *Acta Haematol*. 2006;116:146–149.
5. Kodama M, Kitadai Y, Ito M, Kai H, Masuda H, Tanaka S, et al. Immune response to CagA protein is associated with improved platelet count after *Helicobacter pylori* eradication in patients with idiopathic thrombocytopenic purpura. *Helicobacter*. 2007;12(1):36–42.
6. Payandeh M, Raeisi D, Sohrabi N, Zare ME, Kansestani AN, Keshavarz N, et al. Poor platelet Count Response to *Helicobacter Pylori* Eradication in Patients with Severe Idiopathic Thrombocytopenic Purpura. *Int J Hematol Oncol Stem Cell Res*. 2013;7(3):9-14.
7. Hashemi MR, Rahnavardi M, Bikkeli B, Dehghani Zahedani M. *H. pylori* infection among 1000 southern Iranian dyspeptic patients. *World J Gastroenterol*. 2006;12:5479–5482.
8. Cines DB, Blanchette VS. Immune thrombocytopenic purpura. *N Engl J Med*. 2002;346(13):995-1008.
9. McMillan R, Wang L, Tomer A, Nichol J, Pistillo J. Suppression of in vitro megakaryocyte production by antiplatelet autoantibodies from adult patients with chronic ITP. *Blood*. 2004;103(4):1364-9.
10. Feudjo-Tepie MA, Le Roux G, Beach KJ, Bennett D, Robinson NJ. Comorbidities of idiopathic thrombocytopenic purpura: a population-based study. *Adv Hematol*. 2009; 2009: 963506.
11. Rostami N, Keshtkar-Jahromi M, Rahnavardi M, Keshtkar-Jahromi M, Esfahani FS. Effect of eradication of *Helicobacter pylori* on platelet recovery in patients with chronic idiopathic thrombocytopenic purpura: a controlled trial. *Am J Hematol*. 2008;83(5):376-81.
12. Elezović I, Bosković D, Colović M, Tomin D, Suvajdžić N, Gotić M, et al. Late results of splenectomy in patients with chronic immune thrombocytopenic purpura. *Acta Chir Jugosl*. 2002;49(3):29-34.
13. Frederiksen H, Schmidt K. The incidence of idiopathic thrombocytopenic purpura in adults increases with age. *Blood*. 1999;94(3):909-13.
14. Rostami N, Keshtkar-Jahromi M, Rahnavardi M, Keshtkar-Jahromi M, Esfahani FS. Effect of eradication of *Helicobacter pylori* on platelet recovery in patients with chronic idiopathic thrombocytopenic purpura: a controlled trial. *Am J Hematol*. 2008;83(5):376-81.
15. Liebman HA, Stasi R. Secondary immune thrombocytopenic purpura. *Curr Opin Hematol*. 2007;14(5):557-73.
16. Stasi R, Provan D. *Helicobacter pylori* and Chronic ITP. *Hematology Am Soc Hematol Educ Program*. 2008:206-11.
17. Dal MS, Dal T, Tekin R, Bodakçi E, Düzköprü Y, Ayyıldız MO. Idiopathic thrombocytopenic purpura associated with splenic tuberculosis: case report. *Infez Med*. 2013;21(1):50-5.