EFFECTIVENESS AND SAFETY OF RITUXIMAB IN IDIOPATHIC THROMBOCYTOPENIC PURPURA

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Idiopathic thrombocytopenic purpura (ITP) is an autoimmune disorder characterized by low platelet count and may be responsible for mucocutaneous bleeding of varying severity.

The study evaluates the effectiveness and safety of rituximab in patients who have not responded to first line treatment

MATERIAL AND METHODS

Retrospective observational study (2009-2011)

- Partial response if platelet count exceeds 50 X 10⁹ cells/L
- Complete response if count is greater than 100 X 10⁹ cells/L

Adult patients who:

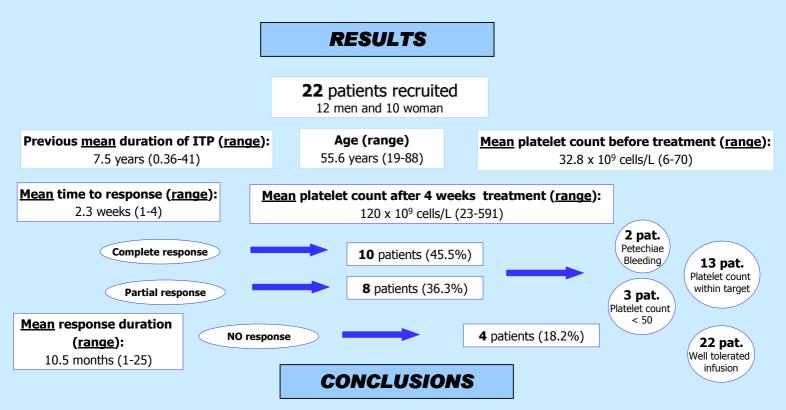
 had not responded to first line therapy (high dose corticosteroids or IV non specific immunoglobulins)
were intolerant to such alternatives >Both splenectomized and non splenectomized patients were included

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> The dose employed was 375 mg/m² q7d for four weeks

Variables assesed:

- Previous duration of thrombocytopenia
- · Platelet counts before treatment and after 4 weeks
- Percentage of patients having a satisfactory response
 - Mean time to response
 - Duration of response
- Occurrence of petechiae and mucocutaneous bleeding
 • Tolerability of infusion



- Rituximab seems an effective and well tolerated alternative in patients with refractory ITP who require chronic treatment
- This study shows that more than 50 % of patients respond to treatment and it maybe an alternative to splenectomy
- However, further prospective studies are required to define the optimal position of rituximab in the treatment of ITP