

EVALUATION OF THE EFFECTIVENESS AND SAFETY OF ROMIPLOSTIM IN IDIOPATHIC THROMBOCYTOPENIC PURPURA: A CASE REPORT

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OBJECTIVE

Evaluate the effectiveness and safety of romiplostim in a splenectomized man with idiopathic thrombocytopenic purpura (ITP), and who didn't respond to other treatments.

MATERIAL AND METHODS

Follow-up during 2 years of treatment with romiplostim in a 64 years old patient diagnosed of ITP in 2005.

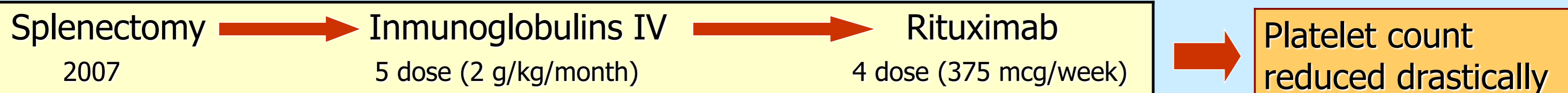
Treatments:

- High dose of steroids and non-specific intravenous immunoglobulins (IVIg) → BAD RESPONSE
- Splenectomized in 2007
- Immunoglobulins IV 2 g/kg and rituximab 375 mg/m²
- September 2009 he started romiplostim 1 mcg/kg q1w (Dose= 75 mcg)

✱ We evaluate the effectiveness according to the platelet count (we have collected them through the Clinical History, aim: 50-200 10⁹ / liter) and without bleedings.

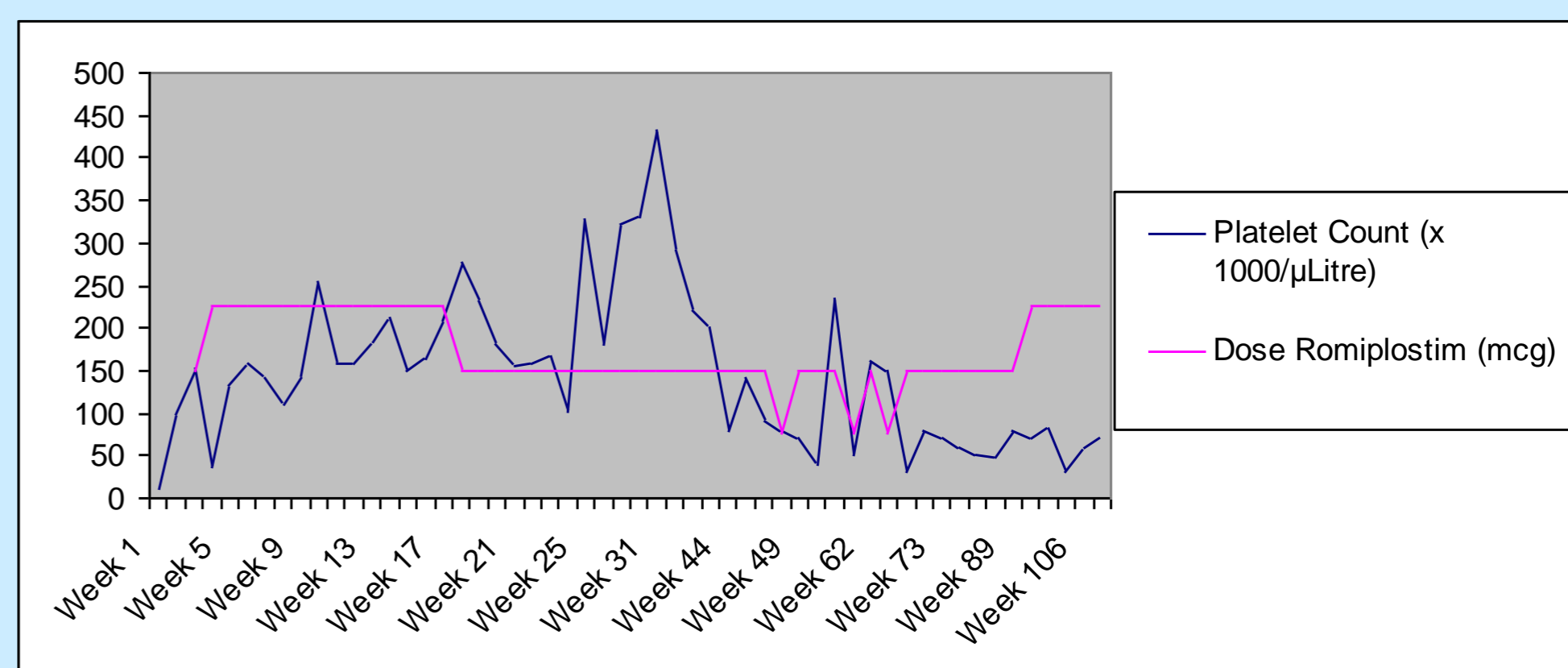
✱ The adverse effects evaluate the safety.

RESULTS



- The first dose of romiplostim raised the platelet count from 12 to 99 10⁹ / liter.
- The right platelet count was achieved with a dose of 3 mcg/kg/week (225 mcg) decrease it to 150 mcg/kg/week when the count was over 200 10⁹ / liter.

Treatment with Romiplostim during 2 years	
DOSAGE / week	WEEKS
225 mcg	19
150 mcg	30
75 mcg	4
Platelet count	
147 10 ⁹ / L (30-323 10 ⁹ / L)	



- There hasn't been any bleeding like hematomas or epistaxis. The only adverse effect has been colds when the dose was administrated.

CONCLUSIONS

- Romiplostim has been proved as an effective option for maintaining the platelet count in this splenectomized patient with ITP and who is resistant to other treatments.
- Romiplostim is well tolerated because it was no necessary to supply any week dose for the adverse effects. Although this drug doesn't cure the disease it improves the quality of life of the patients without bleeding.