

Don't give IVIG as first line treatment for adult patients with asymptomatic idiopathic immune thrombocytopenia (ITP)

Patients who have idiopathic ITP and require treatment but have no major bleeding should not receive IVIG as first line. IVIG is administer when a rapid rise in platelet counts is desired, and thus it is helpful to administer it when patients have severe idiopathic ITP that is associated with severe bleeding, or when patients cannot tolerate glucocorticoid, or need emergent/urgent invasive procedure. In addition, high cost and occurrence of major side effects due to IVIG administration narrows indication of its usage as first line therapy in idiopathic ITP patients especially when relatively safer, cheaper, and effective alternative options are available.

Provan D, Arnold DM, Bussel JB, et al. Updated international consensus report on the investigation and management of primary immune thrombocytopenia. *Blood Advances*. 2019 Nov;3(22):3780-3817. DOI: 10.1182/bloodadvances.2019000812. PMID: 31770441; PMCID: PMC6880896.

Neunert C, Terrell DR, Arnold DM, et al. American Society of Hematology 2019 guidelines for immune thrombocytopenia. *Blood Adv*. 2019;3(23):3829.