

**DAPSONE AS A SECOND LINE THERAPY IN CHRONIC IMMUNE  
THROMBOCYTOPENIC PURPURA IN ECONOMICALLY LESS PRIVILEGED  
POPULACE: THREE YEAR DATA ANALYSIS OF A TERTIARY  
CARE HEMATOLOGY CENTRE OF NORTH INDIA**

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## **ABSTRACT**

### **Introduction**

Chronic immune thrombocytopenic purpura is an auto-immune disorder characterized by persistent thrombocytopenia in which patients immune system reacts with a platelet auto antigen or antigens resulting in thrombocytopenia due to immune mediated platelet destruction and or suppression of platelet production. ITP affects both children and adults. The estimated incidence is 100 cases per one million persons per year, with almost equal proportion of children and adults.

### **Materials & Methods**

71 cases of Chronic ITP fulfilling inclusion and exclusion criteria were included in the study. Records were taken in tabulated form with name, age, sex, residence, marital status, age at diagnosis. Relevant investigations like CBC, MPV, manual Platelet count, ANA, TSH, H.pylori, Anti-HCV, HIV, and G6PD were done in cases where Dapsone was planned. Dapsone was used at a dose of 1-2 mg/kg/d for a minimum of three months after G6PD assay was negative.

### **Results**

Number of cases analyzed was seventy one. Median age was 27.8 years with M: F percentage of 26.8 % and 73.2% respectively. Percentage of response was Fair (19.3%), Good (66.3%), Excellent (4.4%) and Poor (10%). Average time to response was 3.2 months. All responders were able to abandon other ITP related treatment. Average duration of treatment was 1.62 years. The mean post treatment platelet count in responders was 30,000-1.9 L/cu mm. Side effects in form of allergy, Rash, including Steven Johnson syndrome was seen in 4(5.06%) cases. Splenectomy was done in 10 patients (14%).

### **Conclusions**

Categorization of response to Dapsone was seen as good (66.3%), Fair (19.3%), Excellent (4.4%) and Poor (10%), with no long term haemolysis. Hence, suggesting Dapsone as safe second line drug for Chronic ITP.

**KEYWORDS:** ITP, TPO, G6PD, MPV, HCV

