

*Older information included where novel data were absent

Routine laboratory investigations

Citation	LOE	Study design	Patient numbers	Summary
Lau et al. <i>Transfusion</i> 2004;44:801	III	Case study of patient with pseudothrombocytopenia	1	Pseudothrombocytopenia can also be citrate-dependant
Braester et al. <i>Eur J Haematol</i> 2003; 70:251–252	III	Letter to the editor: case studies of patients with essential thrombocytopenia	3	Citrate-dependant pseudothrombocytopenia is rare but possible

Hepatitis C virus

Citation	LOE	Study design	Patient numbers	Summary
Lam et al. <i>Br J Haematol</i> 2007;139:172	III	Case study of female patient with worsening ITP symptoms	1	Female patient was found to have ‘punch-hole’ appearance to red blood cells, leading to a diagnosis of HCV
Sekiguchi. <i>World J Gastroenterol</i> 2006;12:1205–1210	III	To estimate the contribution of autoimmune thrombocytopenia to HCV-related liver cirrhosis (type C cirrhosis)	24+17+21	Data indicate that the autoimmune mechanism plays an important role in thrombocytosis complicated by HCV-positive cirrhosis
Rajan et al. <i>Br J Haematol</i> 2005;129:818–824	III	Medical records of patients reviewed for thrombocytopenia, and clinical and laboratory manifestation difference between HCV-thrombocytopenia and ITP	250	HCV-TP patients have less severe thrombocytopenia than ITP patients ($p \leq 0.001$). Severe bleeding more frequent in HCV-TP patients ($p = 0.0059$) and anticardiolipin antibodies were more frequent in HCV-TP patients ($p \leq 0.001$)
Panzer & Seel. <i>Wien Med Wochenschr</i> 2003;153:417–420	III	Literature review	n/a	Current literature with reference to an increased occurrence of autoimmune thrombocytopenic purpura (AITP) in HCV infected patients was reviewed, and how laboratory tools may assist in the diagnosis
Sakuraya et al. <i>Eur J Haematol</i> 2002;68:49–53	IIb	Study to determine the relationship between ITP and HCV infection, and to characterise the clinical features of antiHCV antibody (HCVab) positive chronic ITP patients	79	HCVab was detected in 11 of 79 patients (13.9%). Platelet counts in these 11 HCVab-positive patients (group 1) were lower than in the 68 HCVab-negative patients (group 2) [$p < 0.02$]. Significantly more patients in group 1 required prednisolone therapy (90.9%) than in group 2

				(45.6%) (p<0.005). Response rate to prednisolone treatment was significantly higher in group 2 (61.3%) than in group 1(0%) (p<0.001). There was no difference in the response to splenectomy between groups 1 (57.1%) and 2 (60%). HCVab should be measured upon diagnosis of chronic ITP, and that splenectomy should be planned in patients with HCVab in the event that prednisolone treatment is ineffective
Nakajima et al. <i>Hepatogastroenterology</i> 2005;52:1197–1200	IIb	HCV-positive patients with ITP were compared with chronic hepatitis C without ITP and examined for various clinical and hematological parameters including platelet and PalgG	75	HCV infection predated ITP in 6 of 8 patients and suggests that HCV could potentially induce ITP and interferon itself might induce ITP
Pockros et al. <i>Am J Gastroenterol.</i> 2002;97:2040–2045	III	Retrospective chart review	3440	The number of patients with ITP which occurred in a population of HCV patients seen over this time interval is much greater than would be expected by chance (p<0.00001). Evaluation of antiplatelet antibodies, using an antigen-specific assay, was useful in supporting this diagnosis
Hernandez et al. <i>Acta Haematol</i> 1998;99:217–220	III	Case series of patients with HCV infection and chronic thrombocytopenia not attributable to hypersplenism or to other causes	19	Antiplatelet antibodies were present in 81% of cases. Response to prednisone was observed in 6/7 patients, and 1/3 patients responded to IVIg. No case of reactivation of liver disease was observed during or after therapy. Underlying mechanism should be evaluated in thrombocytopenic patients with HCV infection who do not present hypersplenism
Ramos-Casals et al. <i>Medicine (Baltimore)</i> 2003;82:87–96	III	To determine the clinical characteristics and outcome of patients with chronic HCV infection presenting severe autoimmune cytopenia unrelated to interferon alpha therapy	35	Patients with HCV-related severe thrombocytopenia had a lower prevalence of associated autoimmune diseases (11%), a poorer response to corticosteroids (55%), and lower mortality (6%), compared with patients with HCV-related AHA

Human Immunodeficiency Virus (HIV)

Citation	LOE	Study design	Patient numbers	Summary
Gabarre et al. <i>Presse Med</i>	III	Retrospective study evaluating the long-term effects of splenectomy in patients with	39	Population that underwent splenectomy had significantly higher platelet counts than those

1991;20:2239–2245		human immunodeficiency virus-related ITP		without splenectomy (p<0.0001). Clinical course towards AIDS was similar in both populations (35% in patients with splenectomy and 22% without; p=NS)
Louache et al. <i>Blood</i> 1991;78:1697–1705	III	Retrospective study evaluating HIV-positive patients, including 11 AIDS-free patients with ITP, to determine whether the megakaryocytic (MK)/platelet lineage was infected by HIV	21	HIV transcripts were not detected in MK derived from colony-forming units-MK (CFU-MK) cultured in suspension, suggesting either that MK are infected by HIV during terminal differentiation or that HIV-infected CFU-MK are unable to differentiate <i>in vitro</i>
Verma & Gupta <i>Indian J Pediatr</i> 2008;75:85	III	Letter to the editor: case study of a 3-year-old child with HIV presenting with thrombocytopenia only	1	Because paediatric HIV infection can present just as thrombocytopenia in early stages, HIV screening should be recommended as an important part of workup for every case of unexplained thrombocytopenia before labelling it as ITP
Gyongyossy-Issa et al. <i>Platelets</i> 2003;14:267–276	III	Comparison study: reticulated platelet (RP) assay used to study ITP and thrombocytopenia associated with HIV infection (HIV-ITP)	119	Data from 96 ITP and 23 HIV-ITP patients showed low platelet counts with both high or low %RP suggesting that individuals have different degrees of thrombopoiesis. TPO levels of ITP patients did not correlate with platelet count, %RP, or RP count. RP could be used to differentiate between cytopenias
Leissinger. <i>Curr Opin Hematol</i> 2001;8:299–305	III	Platelet kinetics studies to measure the <i>in vivo</i> platelet survival and platelet turnover rates	n/a	These studies can be helpful in elucidating mechanisms of thrombocytopenia, particularly in complicated clinical situations. Platelet kinetics studies in HIV patients may prove of great benefit to understanding the mechanisms underlying thrombocytopenia and to making accurate diagnoses
Walsh et al. <i>Ann Intern Med</i> 1985;103:542–545	III	Patients followed for a mean period of 20 months	33	6 patients developed AIDs 1–37 months after the diagnosis of thrombocytopenia. 6 patients spontaneously reverted to normal platelet counts 5–27 months after the diagnosis of thrombocytopenia
Aboulafia et al. <i>Am J Med Sci</i> 2000;320:117–123	III	Data collected from homosexual men with HIV-associated ITP and $\leq 50 \times 10^9/L$ platelets were analysed after they were placed on highly active antiretroviral therapy (HAART). The primary outcome	11	10 evaluable patients had an increase in mean platelet count. This improvement was sustained at 6 and 12 months' follow-up for 9 of 10 evaluable patients. Increases in mean platelet count at 6 and 12 months of the 9 responders were statistically

		measure was the platelet count response to HAART		significant. HAART seems to be effective in improving platelet counts in the setting of HIV-associated ITP
Carbonara et al. <i>J Infect</i> 2001;42:251–256	III	Retrospective study to investigate the response of HIV-associated severe thrombocytopenia to HAART including protease-inhibitors	15	HAART induces a sustained platelet response in HIV-associated severe thrombocytopenia, even in antiretroviral-experienced subjects and in those with AZT-resistant thrombocytopenia

Helicobacter pylori

Citation	LOE	Study design	Patient numbers	Summary
Franchini et al. <i>J Antimicrob Chemo</i> 2007;60:237–246	Ia	Meta-analysis comparison of platelet count between <i>H.pylori</i> patients who responded to eradication therapy and controls	788	Strict correlation between <i>H. pylori</i> eradication and increase in platelet count. Intrinsic limits of study designs analysed, further evidence from RCTs required to confirm eradication treatment effect on platelet count
Suzuki et al. <i>Am J Gastroenterol</i> 2005;100:1265–1270	Ib	Randomised controlled trial with <i>H.pylori</i> positive cITP patients assigned to either the eradication (with standard antibiotics) or non-eradication group	36	Platelet response significantly different between eradication group (46.2%) and non-eradication group (0%). Eradication therapy favourable option for cITP patients with <i>H.pylori</i>
Rostami et al. <i>Am J Hematol</i> 2008;83:376	Ila	Prospective controlled study assessing the effect of eradication of <i>H.pylori</i> in ITP patients on platelet count	142	48% (30/62) of HP-eradicated patients showed an ITP response: no HP-negative patient had an ITP response
Michel et al. <i>Arch Intern Med</i> 2002;162:1033–1036	Ila	Antibodies against <i>H.pylori</i> were detected by agglutination. Outcomes were compared in <i>H.pylori</i> -negative and <i>H.pylori</i> -positive patients with AITP. To test for a possible molecular mimicry mechanism, we also used an immunoblot assay	86	Seroprevalence of <i>H.pylori</i> in patients with AITP (15 [29%]) was not significantly different from that in control subjects (10 [29%]). The <i>H.pylori</i> -positive and <i>H.pylori</i> -negative patients did not differ in response rate to corticosteroids and final outcome
Ahn et al. <i>Acta Haematol</i> 2006;116:19–24	Ila	Prospective study of ITP patients diagnosed with <i>H.pylori</i> infection by serology and breath test	15	CD62p expression was elevated in 10/15 (66.7%) <i>H. pylori</i> -infected patients vs 3/33 (9.1%) control (p=0.002). Eradication therapy decreased CD62p expression (p=0.04). Reduction in platelet activation not associated with an increase in platelet counts (mean $72.4 \times 10^9/L$ before and $68.7 \times 10^9/L$ after therapy; p=0.4)
Michel et al. <i>Blood</i> 2004;103:890–896	Ila	Prospective study performed on 74 patients aged >10yrs with chronic ITP and a platelet	74	Study does not implicate <i>H.pylori</i> in the pathogenesis of ITP since the prevalence of

		count below $60 \times 10^9/L$ to determine prevalence of <i>H.pylori</i>		<i>H.pylori</i> infection was low and eradication of <i>H.pylori</i> did not positively influence the course of the ITP
Tsutsumi et al. <i>Ann Hematol</i> 2005;84:807–811	IIb	Randomised study of HP eradication therapy and PPI monotherapy on ITP	17	PPI monotherapy more effective than <i>H.pylori</i> eradication in ITP patients with <i>H.pylori</i> infection; however it is more expensive
Inaba et al. <i>Eur J Clin Invest</i> 2005;35:214–219	IIb	Multicentre study prospectively assessing the effect of <i>H.pylori</i> eradication therapy in ITP patients	35	<i>H.pylori</i> infection played a role in the pathogenesis of ITP in ~30% of all patients assessed and 45% of the patients with <i>H.pylori</i> infection. Eradication of <i>H.pylori</i> led to improved disease activity
Sato et al. <i>Arch Intern Med</i> 2004;164:1904–1907	IIb	Prevalence of <i>H.pylori</i> infection in cITP patients assessed and the effect of its eradication on platelet count	53	Significant increase ($p < 0.001$) in platelet count where <i>H.pylori</i> successfully eradicated, but not in patients with unsuccessful eradication
Veneri et al. <i>Haematologica</i> 2002;87:1177–1179	III	Investigation in to the efficacy of <i>H.pylori</i> eradication (with standard antibiotic therapy) as treatment in ITP patients	16	An improvement of platelet count was observed in 11/15 patients (73.3%) who achieved HP eradication
Tsutsumi et al. <i>Clin Lab Haem</i> 2004;26:363–364	III	Letter to the editor: case study of ITP patient with <i>H.pylori</i> infection	1	Lansoprazole may be an effective treatment for some patients with <i>H.pylori</i> infection
Ohguchi et al. <i>Am J Hematol</i> 2005;78:158–165	III	Letter to the editor: investigation into the effect of <i>H.pylori</i> eradication regimen in <i>H.pylori</i> -negative ITP patients to determine if this treatment is specific to <i>H.pylori</i>	7	Further studies are needed to elucidate the mechanisms by which some patients with ITP improve with eradication of <i>H.pylori</i> . Present data support the rationale for pursuing the mechanisms directly related to <i>H.pylori</i>
Veneri et al. <i>Haematologica</i> 2004;89:e23	III	Evaluation of the efficacy of eradication therapy in <i>H.pylori</i> positive ITP patients	21	The mean platelet count before and after eradication was $57.3 \pm 28.1 \times 10^9/L$ and $104.6 \pm 37.4 \times 10^9/L$ respectively ($p < 0.01$, t test)

Antiplatelet antibodies

Citation	LOE	Study design	Patient numbers	Summary
Sikorska et al. <i>Int J Lab Hematol</i> 2008;30:58–64	IIa	Response to treatment of ITP patients tested for the presence of platelet-associated autoantibodies by direct-platelet immunofluorescence test and for the presence of plasma antibodies directed against the GPIIb/IIIa, GPIb and GPIa/IIa by	409	% complete response (CR) in ITP population, both with and without autoantibodies regardless of the method of treatment, was similar (about 54%). Presence of platelet autoantibodies effect on patients treated with corticosteroids: CR ~71% patients with autoantibodies vs 60% patients

		monoclonal antibody immobilisation of platelet antigens		without; patients treated with immunosuppressive drugs: CR ~51% patients with autoantibodies vs 34.8% (6/17) of patients without
Nishioka et al. <i>Cytometry B Clin Cytom</i> 2005;68:37–42	Ila	Analysis of positive platelet percentage with various platelet-associated immunoglobulins: IgG, IgM, IgA, and total immunoglobulins	40	Specificity for ITP disease better in flow cytometry than ELISA: other than ITP, aplastic anaemia was positive in flow cytometry; AA, CLL, AML and MDS showed +ve in ELISA. Same sensitivity for ITP disease as ELISA. Potentially no non-immune ITP in this study because the one PAIgG -ve patient had +ve results in flow cytometry
Kuwana et al. <i>J Thromb Haemost</i> 2006;4:1936–1943	Ilb	Multicentre prospective study involving patients with thrombocytopenia and a morphologically normal peripheral blood film at the first visit. Each patient underwent a physical examination, routine laboratory tests, and specialised tests for the antiGPIIb/IIIa antibody response and platelet turnover	112	Proposed diagnostic criteria involving physical examination, routine laboratory tests and antiplatelet testing: 98% sensitivity, 79% specificity, 95% +ve predictive value, and 90% -ve predictive value. Low specificity appears to be attributed to a few patients who had both ITP and aplastic anaemia or myelodysplastic syndrome (n=112)
Nomura et al. <i>Rinsho Byori</i> 2005;53:617–621	IV	Review of the mechanism of drug-induced thrombocytopenia	n/a	Drug-induced thrombocytopenia includes at least three mechanisms, such as marrow suppression, immunological, and non-immunological thrombocytopenia. In immunological thrombocytopenia, demonstration of drug-dependent antiplatelet antibodies was included as evidence confirming the causal role of a drug. No standard assays for drug-dependent antiplatelet antibodies. Non-immunological thrombocytopenia includes heparin-dependent thrombocytopenia and thrombotic thrombocytopenic purpura.
McMillan et al. <i>J Thromb Haemost</i> 2003;1(3):485–491	IV	Evaluation of the immunobead assay for adult chronic ITP diagnosis	571	Degree of positivity with assay increased with severity of disease and a minimum specificity of ~85% observed if clinical factors, consistent with ITP, were not considered in patients with thrombocytopenia associated with other disease. Specificity increased to ~93% if clinical factors consistent with ITP were considered. The presence of ITP is probable if the immunobead assay is positive.
Thoulouli et al <i>Br J Haematol</i>	III	Case studies on Acquired Glanzmann's thrombasthenia (GT), an uncommon	2	GT is caused by an autoantibody with specificity for platelet GP IIb/IIIa or an epitope close to that of the

2004;127:209–213		accompaniment to ITP		GP, resulting in partial or complete refractoriness of the patient's platelets. Patient one responded gradually to immunosuppressive treatment but eventually developed non-Hodgkin's lymphoma. Patient 2 had no other underlying conditions and remitted spontaneously within 2 years
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Antiphospholipid antibody test

Citation	LOE	Study design	Patient numbers	Summary
Stasi et al. <i>Blood</i> 1994*	Ila	Analysed the prevalence and clinical features of ITP patients with elevated APA. In addition, prospectively evaluated APA levels after treatment with corticosteroids and compared them with platelet-associated immunoglobulin (PAIgG) titers	149	APA positivity is a common finding in patients with ITP and does not select a category with different clinical features. APA levels are not influenced by steroid therapy and not related to the activity of the disease; role of APA in the pathogenesis of ITP not supported
Dunoyer-Geindre et al. <i>J Thromb Haemost</i> 2007;5(suppl 2):P-S-544	Ila	Compare endothelial cell activation by antiphospholipid autoantibodies from patients with antiphospholipid syndrome or ITP	47	ITP patients with APA cannot activate endothelial cells; may add to understanding of pathological mechanism
Funauchi et al. <i>Intern Med</i> 1997*;36:882–885	Ila	Prospective study to study the significance of determination of antiphospholipid antibodies in patients with ITP	27	There was a tendency for thrombosis; megakaryocytes in the bone marrow and PAIgG-positive cells were more frequent in APA +ve patients than in APA –ve patients. Difficult to discriminate APS from ITP alone, when no symptoms or signs of APS. Measurement of antiphospholipid antibodies in ITP useful for the differential diagnosis of APS and subsequently for the prevention of thrombosis
Guerra et al. <i>Blood</i> 2006;108:abs 3966	Ilb	Classified, diagnosed and analysed low platelet counts as obtained by automatic blood count	1158	Antiplatelet antibodies were present in 76.9% of ITP cases and were not found in 88.3% of normal platelet values. Antiplatelet antibodies are useful for asserting ITP diagnosis and to rule out spurious thrombocytopenia or normal values
Diz-Kucukkaya et al. <i>Blood</i> 2001;98:1760–1764	Ilb	Prevalence and clinical significance of APAs prospectively studied in patients with ITP. Patients were evaluated for the presence of	82	After 38 months, 14 ITP patients (45%) who had APA positivity developed clinical features (thrombosis or fetal losses) of APS. No differences

		lupus anticoagulant (LA) and immunoglobulin G/M anticardiolipin antibodies (ACAs)		between the APA-positive patients with/without APS regarding the initial platelet counts, response to the therapy, or ACA positivity. Positivity rate for LA significantly higher in patients with ITP developing APS (p=0.0036)
Bidot et al. <i>Br J Haematol</i> 2005;128:366–372	III	Investigated APLA profiles in relation to the clinical stages of ITP. Both IgG and IgM APLA to six target antigens were measured by enzyme-linked immunosorbent assay	40	Studies showed that APLA was highest during exacerbations of ITP and lowest when patients in remission; APLA may play a role in exacerbation and remission of ITP or may be a consequence of platelet destruction
Pierrot-Deseilligny et al. <i>Blood</i> 2006;108:abs 1083	III	Determined the prevalence and clinical significance of positive APA in a large monocentric cohort of adults with newly diagnosed ITP	216	Prevalence of APA (25%) in adults with newly diagnosed ITP lower than previously observed in other studies. Incidence of thrombosis was significantly increased in patients with APA, risk seemed too low to recommend a systematic testing in patients with ITP and no previous history of thrombosis
Pierrot-Deseilligny et al. <i>Br J Haematol</i> . 2008;142:638–643	III	To determine the clinical significance of antiphospholipid antibodies (aPL) in newly diagnosed patients with ITP	215	After a median follow-up of 31 months, 14/215 (7%) patients developed thrombosis, 4 of whom (29%) had high anticardiolipin (aCL) levels and lupus anticoagulant (LA). Multivariate analysis significantly associated thrombosis events only with age, LA or high IgG-aCL level. aPL were found in 26% of patients and their presence was not associated with a particular clinical manifestation of ITP. Although the risk of thrombosis was low, the strong associations in multivariate analysis among LA, high IgG-aCL level and thrombosis suggest that aPL should be tested in ITP patients and monitored closely
Bidot. <i>Am J Hematol</i> 2006;81:391–396	III	Investigated possible differences between APLA in APS and ITP. Assay IgG and IgM APLA by ELISA in APS and ITP patients	54	APA prevalent in ITP, however their profile differs to those found in APS (different clinical manifestations may be appropriate)

Antithyroid antibody testing

Citation	LOE	Study design	Patient numbers	Summary
Pratt et al. <i>Am J Hematol</i>	III	Retrospective study for the presence of particular autoantibodies in childhood ITP	31	5 children (16%) tested positive for ATA: 2 children with acute ITP and 3 with chronic ITP. 5 children

2005;79:175–179		patients		had positive ANA, and of these children, 4 (80%) had chronic ITP. Larger studies are needed to determine whether the presence of ATA or ANA is predictive of clinically significant autoimmune disease
Sugimoto et al. <i>Eur J Haematol</i> 2005;74:73–74	III	Case study of ITP accompanied by Graves' disease	1	Improvement in thyroid function with methimazole led to the spontaneous recovery of the platelet count from $8 \times 10^9/L$ to $84 \times 10^9/L$

Baseline IVIg testing

Citation	LOE	Study design	Patient numbers	Summary
Ahrens et al. <i>Clin Exp Immunol</i> 2007;151:455–458	III	Case study of adult patients with common variable immunodeficiency (CVID) and a history of anaphylactic reactions due to the administration of immunoglobulin preparations	5	IVIg administration results in tolerance induction in patients with IgA anaphylactoid reactions. This tolerance appears to be related to antibody blockage in the circulation and an inhibition of antibody production. Most importantly, IgA appears to play an important role in the treatment of CVID. Patients with IgA anaphylactoid reactions can be treated safely with IgA containing IVIg preparations following tolerance induction

Bone marrow aspiration

Citation	LOE	Study design	Patient numbers	Summary
Jubelirer & Harpold. <i>Clin App Throm Hem</i> 2002;8:73–76	III	Literature review: records of patients undergoing bone marrow examination between January 1988 and January 1998 were retrospectively reviewed to determine which were motivated by the suspicion of ITP	86	Routine bone marrow examination for ITP diagnosis not necessary, provided that a thorough history and physical examination are performed and that the complete blood cell count, peripheral blood smear, and routine clotting studies show no abnormalities apart from thrombocytopenia
Mufti et al. <i>Blood</i> 2006;108:abs 3982	III	Retrospective survey of bone marrow biopsy material	40	Reticulin present in two thirds of ITP patients
Kurahashi et al. <i>Blood</i> 2006;108:abs 3954	III/IV	A retrospective review of medical records. All pathological examinations were performed in a blinded fashion	73	Clinical outcome of ITP patients could be determined by evaluating bone marrow clot CD20+ lymphocytes
Onal et al. <i>Am J Hematol</i>	IV	Letter to the editor: bone marrow aspiration and biopsy case study	1	Authors believed that bone marrow embolism was a direct result of bone marrow aspiration

2005;78:158–165				
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Reticulated platelets

Citation	LOE	Study design	Patient numbers	Summary
Abe et al. <i>Clin Appl Thromb Hemost</i> 2005;11:263	IIa	Reticulated platelets were measured with an automated haematology analyser (modified R-2000) in healthy volunteers and patients with ITP	499	RP was high in patients with ITP and highest during active phase
Cho et al. <i>Blood</i> 2006;108:abs 3950	III/IV	Clinical utility of immature platelet fraction reference range measured using XE-2100 blood cell counter evaluated for the laboratory diagnosis of thrombocytopenia due to increased peripheral platelet destruction	142	A rapid, inexpensive automated method for measuring the IPF% is feasible and should become a standard parameter in evaluating the thrombocytopenic patient
Lemes et al. <i>EHA</i> 2007:abs 1327	III/IV	Use of Sysmex XE-2100 hematology autoanalyzer to obtain normal values of IPF in healthy donors and in apheresis product, compared to patients diagnosed with ITP, myeloproliferative disease (MPD) and RT	177	Fully automated test using Sysmex-2100. Results demonstrated the value of IPF determination in ITP differential diagnosis with high sensitivity and specificity
Miyazaki et al. <i>Blood</i> 2006;108:abs 1085	III/IV	Reticulated platelets, expressed as the immature platelet fraction, were determined in ITP and MDS patients using the Sysmex XE-2100 blood cell counter with upgraded software	165	Fully-automated test using Sysmex-2100. IPF is a useful parameter to distinguish ITP from MDS with isolated thrombocytopenia, because of similarities in dysmegakaryopoiesis
Wynn et al. <i>EHA</i> 2007:abs 0755	IIb	Comparison of the Beckman Coulter Flow Cytometer and the automated Sysmex XE2100 (upgraded software) for the measurement of reticulated platelets	–	Automated reticulated platelet counting possible, yields reproducible and meaningful results. A high reticulated platelet % not solely diagnostic of ITP
Psaila et al. <i>Blood</i> 2006;108:abs 1070	III/IV	Used the Sysmex XE-2100 to measure IPF. This study assessed acute response to treatment in patients with ITP, providing insight into mechanisms of effect	16	Fully-automated test using Sysmex-1200 IPF useful parameter to distinguish ITP, allows discrimination of patient heterogeneity

Antinuclear antibodies

Citation	LOE	Study design	Patient numbers	Summary
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Altintas et al. <i>J Thromb Thrombolysis</i> 2007;24:163–168	III	Retrospective analysis of children and adult patients with ITP to determine clinical significance of ANA test in ITP patients	473	ANA positivity often found in adult (and paediatric) ITP patients: detection of ANA positivity not enough to identify those patients with ITP at risk of developing SLE or other connective tissue diseases
Abbasi et al. <i>Ann Hematol</i> 2008;87:459–462	III	Retrospective analysis of ITP patient medical records to determine the significance of a positive ANA test on the presentation and response to steroids	46	After 2 weeks of corticosteroids: 99,323 per cu/mL in patients with -ve ANA, and 32,800 per cu/mL with +ve ANA (p=0.006). ANA test potentially a useful screening test predicting initial response to steroids. Patients who test positively are expected to have lower response and should be monitored closely