



Title	Polyclonal Intravenous Immunoglobulin in Patients with Immune Thrombocytopenic Purpura: Clinical Systematic Review
Agency	CADTH, Canadian Agency for Drugs and Technologies in Health Suite 600, 865 Carling Ave, Ottawa, Ontario K1S 5S8 Canada; Tel: +1 613 226 2553, Fax: +1 613 226 5392; publications@cadth.ca, www.cadth.ca
Reference	Technology report number 108, 2008

Aim

To determine the role of intravenous immunoglobulin (IVIg) in treating immune (idiopathic) thrombocytopenic purpura (ITP) in children and adults.

Conclusions and results

For acute ITP in children, inconsistent results were reported across studies regarding IVIg superiority in the early recovery of profound thrombocytopenia. The findings showed that IVIg (0.8 g/kg/day to 1 g/kg/day over 1-2 days) is more efficacious than corticosteroids in terms of the early improvement of thrombocytopenia to platelet counts greater than or equal to $20 \times 10^9/L$. In adult patients with profound thrombocytopenia, the effect of IVIg on clinical outcomes remains indeterminate. Sparse evidence indicates that IVIg may be more efficacious in improving platelet counts in the short term than corticosteroids, but possibly at the risk of more serious adverse events (SAEs). Data are insufficient to determine whether IVIg has an advantage over other interventions in long-term management of adult ITP. Evidence is insufficient to identify subgroups of ITP patients who may preferentially benefit from IVIg.

Recommendations

None given.

Methods

A comprehensive search strategy was designed to identify primary studies on efficacy, effectiveness, and harms in ITP. Literature was obtained by searching multiple databases and by contacting manufacturers. Included were all full reports of published randomized controlled trials that enrolled patients with ITP. Studies were selected, data extracted, and study quality assessed by two reviewers independently, or by one reviewer and subsequently verified by another reviewer.

Further research/reviews required

More long-term, high-quality studies are needed.