

THROMBOCYTOSIS – GP REFERRAL GUIDELINES

Introduction

Thrombocytosis/thrombocythaemia / is defined as a platelet count $> 450 \times 10^9/l$. It may be due to a primary myeloproliferative disorder (essential thrombocythaemia) or 'reactive': secondary to infection, inflammation, chronic bleeding or neoplasia. Very high platelet counts in the setting of myeloproliferative disorders carry risk of both thrombosis and abnormal bleeding (due to platelet dysfunction).

The following should be referred urgently for outpatient assessment:

- Platelet count $> 1000 \times 10^9/l$
- Platelet count $600 - 1000 \times 10^9/l$ in association with:
 - recent arterial or venous thromboembolism
 - neurological symptoms
 - abnormal bleeding

Appropriate investigation in primary care for patients not meeting criteria for urgent referral:

- Blood film examination
- Ferritin – treat and investigate iron deficiency
- Look for and treat reactive causes: infection, inflammation, neoplasia

Referral for specialist opinion should be considered for:

- Persistent (at least on two occasions 4-6 weeks apart), unexplained thrombocythaemia $> 600 \times 10^9/l$ on at least two occasions
- Persistent thrombocythaemia $450 - 600 \times 10^9/l$ in association with:
 - previous history of arterial or venous thrombosis
 - splenomegaly
 - elevated haemoglobin or white cell count