

## Guidelines for GP referral and further investigations of patients with Thrombocytosis

Platelet count normal range is  $150 - 450 \times 10^9/L$   
Thrombocytosis is defined as a platelet count  $> 450 \times 10^9/L$

### Need to rule out iron deficiency anaemia prior to any referral

#### Causes of thrombocytosis: Secondary (Reactive)>>Primary (BM disorders)

- **Secondary:** Infection, inflammation, chronic bleeding, malignancy, Fe deficiency, surgery, hyposplenism, drug h/o steroids
  - **Primary:** Myeloproliferative disorder (essential thrombocythaemia) or myelodysplastic conditions

**NB: Very elevated platelet counts in the setting of myeloproliferative disorders carry risk of both thrombosis and abnormal bleeding (due to platelet dysfunction).**

History and examination (to rule out reactive causes)  
Serial FBC (>3 months apart)  
Blood film examination  
CRP  
Ferritin and transferrin saturation (<20% indicates IDA)  
U+E and LFT

Persistent unexplained Platelets  
 $>450 \times 10^9/L$  (> 3 months)

Routine referral to  
Haematology

- Platelet count  $> 1000 \times 10^9/l$
- Platelet count  $450 - 1000 \times 10^9/l$  in association with:
  - recent arterial or venous thrombosis (including DVT / PE, CVA / TIA, MI / unstable angina, PVD)
  - neurological symptoms
  - abnormal bleeding
  - age  $> 60$  years

Urgent 2 WW referral to Haematology