Guidelines for GP referral and further investigations of patients with Thrombocytosis

Platelet count normal range is 150 – 450 x 10⁹/L

Thrombocytosis is defined as a platelet count > 450 x 10⁹/L

Patients not meeting criteria for urgent referral

Persistent unexplained Platelets >450 x 10⁹/L

(> 3 months)

- Platelet count > 1000 x 10⁹/l
- Platelet count 600 – 1000 x 10⁹/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

Investigation in Primary Care

- Blood film examination
- Ferritin – treat and investigate iron deficiency
- Look for and treat reactive causes:
  - infection
  - inflammation
  - neoplasia
  (suggest check CRP).

Refer to Haematology

Refer Urgently for Outpatient Assessment

Thrombocytosis may be due to:

- Primary myeloproliferative disorder (essential thrombocythaemia) or
- closely related myelodysplastic conditions or
- more commonly ‘reactive’: secondary to infection, inflammation, chronic bleeding or neoplasia.

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