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A CASE OF ACQUIRED HEMOLYTIC ANEMIA

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Abstract:

The most common form of acquired hemolytic anemia is associated with what appears to be autologous IgG hemagglutinins. These anti-bodies may arise unexpectedly and in the absence of any recognizable underlying disease. However, they are observed not uncommonly as a complication of systemic lupus erythematosis, chronic lymphatic leukemia, lymphosarcoma, ulcerative colitis, etc. 'The red cells of patients with “warm” acquired hemolytic anemia do not display strong spontaneous agglutination. Regardless of the mechanism responsible for antibody-coated red cells in vivo, the coating protein must be recovered in eluted for appropriate study. Heat (56oC) and either eluate are most commonly used, but acid (Ph 3) eluates from stroma are needed for best recovery of some auto-antibodies when complement components are also present acid eluates may contain some igG molecules that are complexed with CH. In practical clinical terms, antiglobulin-positive and autoimmune forms of immunohemolytilc anemia are generally considered as a single group. The clilj1ical state is characterized by four major features: 1. Protein is fixed to the erythrocyte surface resulting in a positive direct antiglobulin test. 2. The protein is produced by the patient under evaluation. 3. The protein is apparently an antibody or other component of the immune system. 4. The patient’s own erythrocytes coated with such protein (antibody) have a shortened lifespan. “Warm” acquired hemolytic anemia may occur as an acute overwhelming problem and a comatose patient. Spherocytes, fragmented cells and erythropagocytosis can be seen, and the plasma can be brown from methemalbumin.

Keywords:

Acquired hemolytic anemia ， Autologous IgG hemagglutinins

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