

Approach to Anaemia

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Outline

- Introduction
 - Definition
- Differentials
 - Red cell indices
 - Pathogenesis
 - Microscopy
- Approach
 - Clinical
 - Investigation
 - Level 1
- Cases

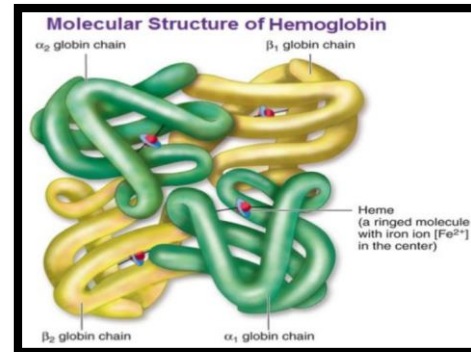


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ANAEMIA 101

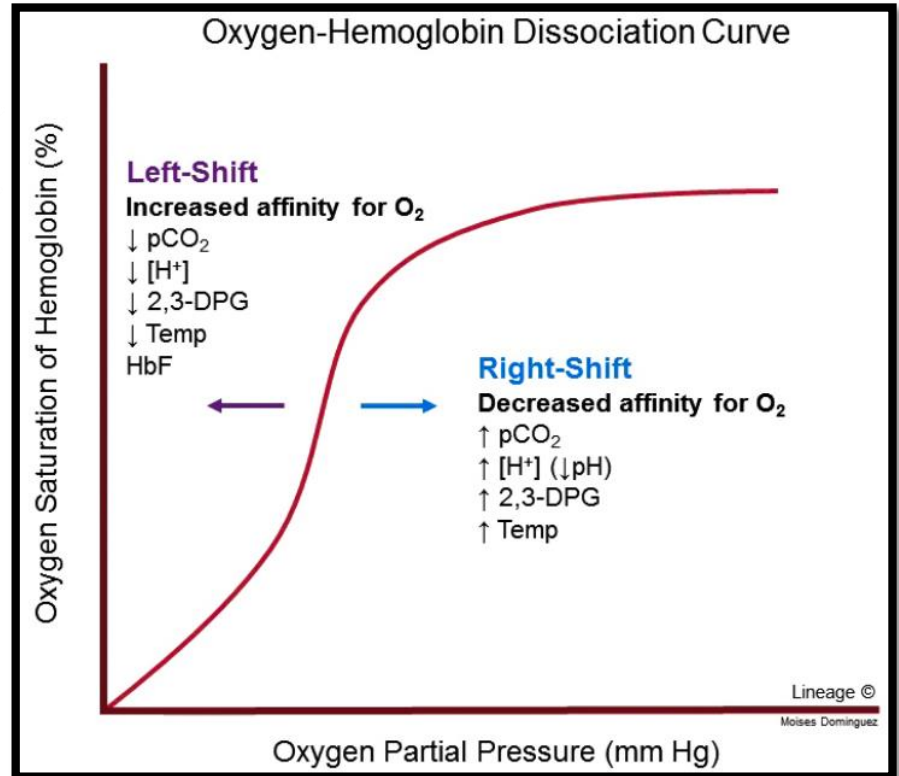
Red Blood Cell

- Erythropoiesis
 - Bone marrow (factory)
 - Significant bone marrow reserve (8 fold)
 - Controlled via kidney/liver (order)
 - Erythropoietin production
 - Building blocks
 - Iron, B12 & folate
- Function
 - Haemoglobin
 - Oxygen delivery to tissue for metabolic processes
 - Brain
 - Cardiac
- Survival
 - 120 days



Definition

- When supply of oxygen to tissue do not meet physiological requirement
 - Supply
 - Oxygen carrying capacity
 - Mechanical delivery
 - Oxygen availability
 - Oxygen dissociation
 - Oxygen requirement
 - Activity
- Laboratory indices
 - Haemoglobin
 - Total RBC
 - Haematocrit





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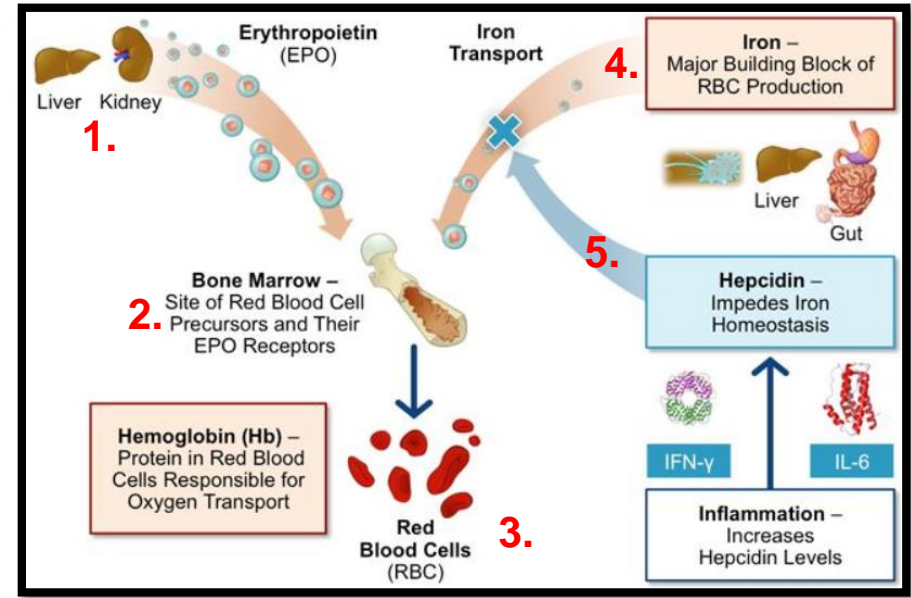
DIFFERENTIALS

Red Cell Parameter

- MCV
 - Microcytic
 - Iron deficiency
 - Thlassaemia/Haemoglobinopathy
 - Sideroblastic Anaemia
 - Anaemia of chronic disease (ACD)
 - Normocytic
 - Blood loss/Haemolysis
 - Anaemia of chronic disease
 - Anaemia of renal disease
 - Bone marrow infiltration/aplastic
 - Macrocytic
 - Blood loss/Haemolysis
 - Megaloblastic anaemia
 - Myelodysplasia

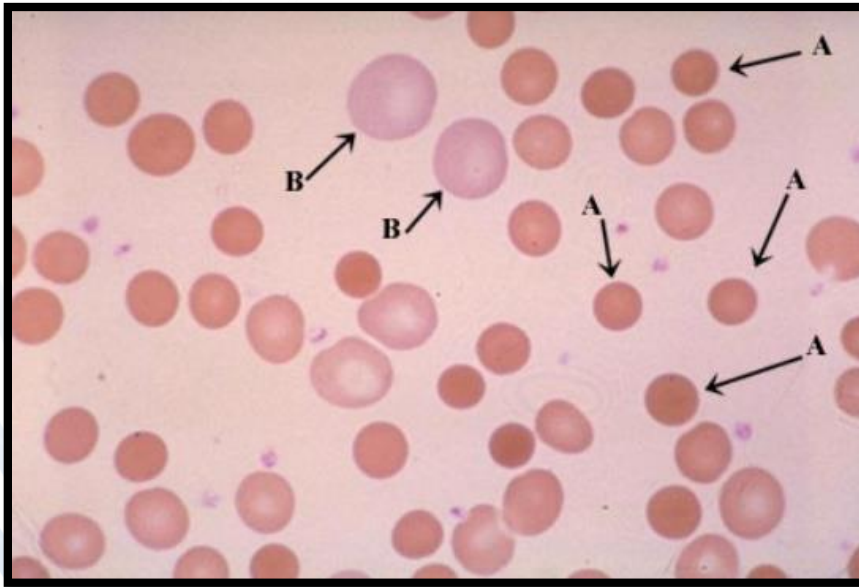
Pathogenesis

1. Reduced EPO
 - Anaemia of renal disease
2. Bone marrow disorder
 - Reduced production
 - Aplastic
 - Infiltration
 - Medication
 - Faulty production
 - Myelodysplastic
3. Reduced total RBC
 - Blood loss
 - Haemolysis
 - Sequestration
4. Nutritional Deficiency
 - Iron deficiency
 - B12/Folate deficiency
5. Impaired utilisation
 - Iron
 - Folate

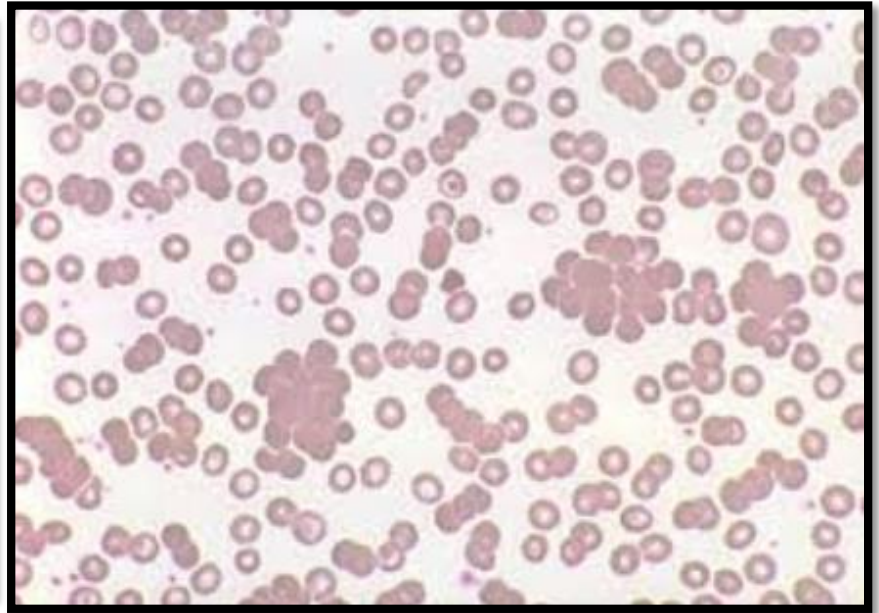


Morphology

Spherocyte

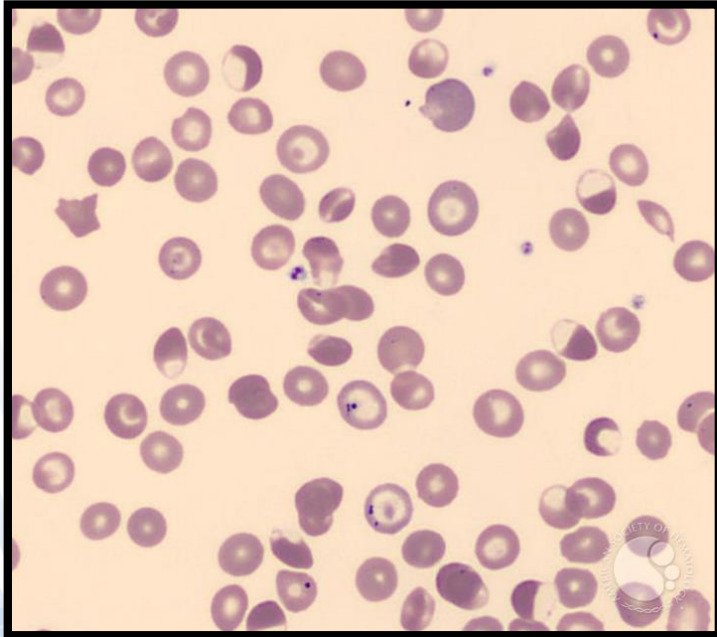


Red Cell Agglutination

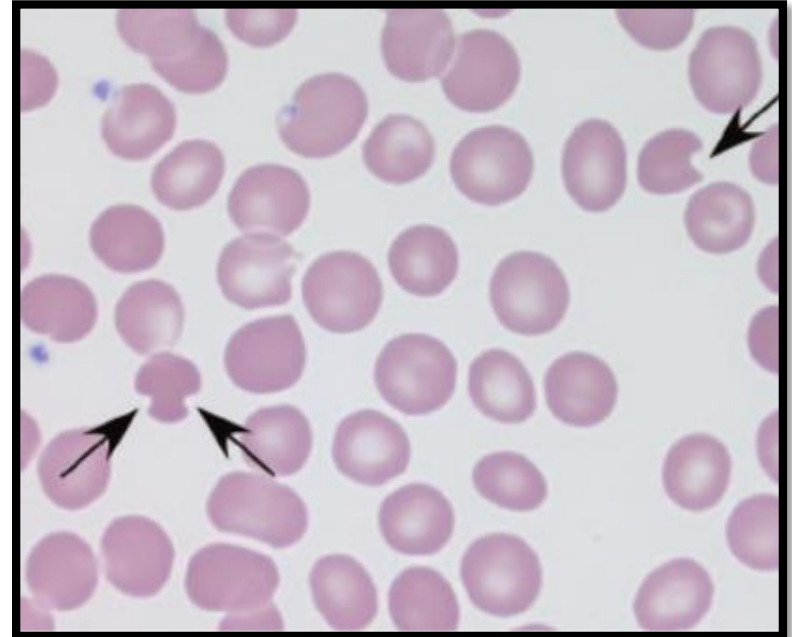


Morphology

Blister/Ghost Cell

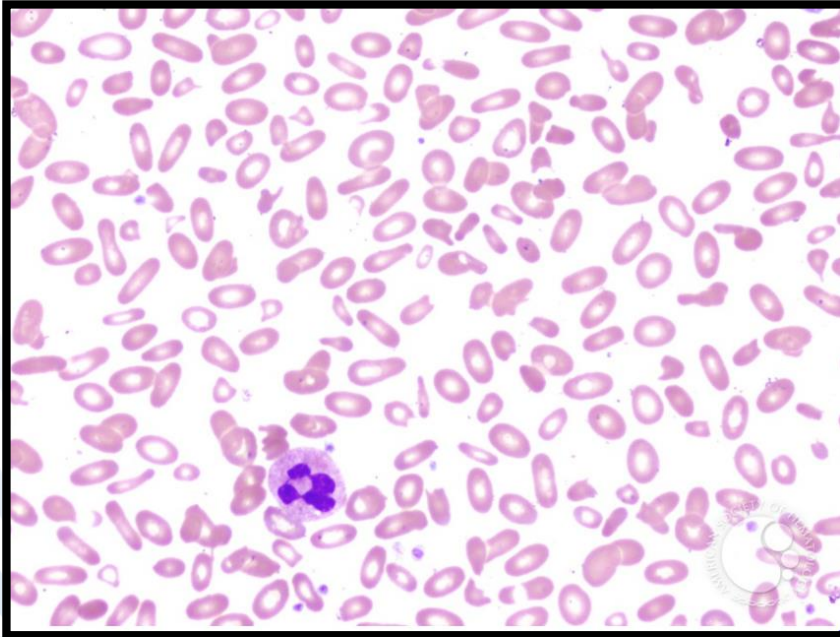


Bite Cell

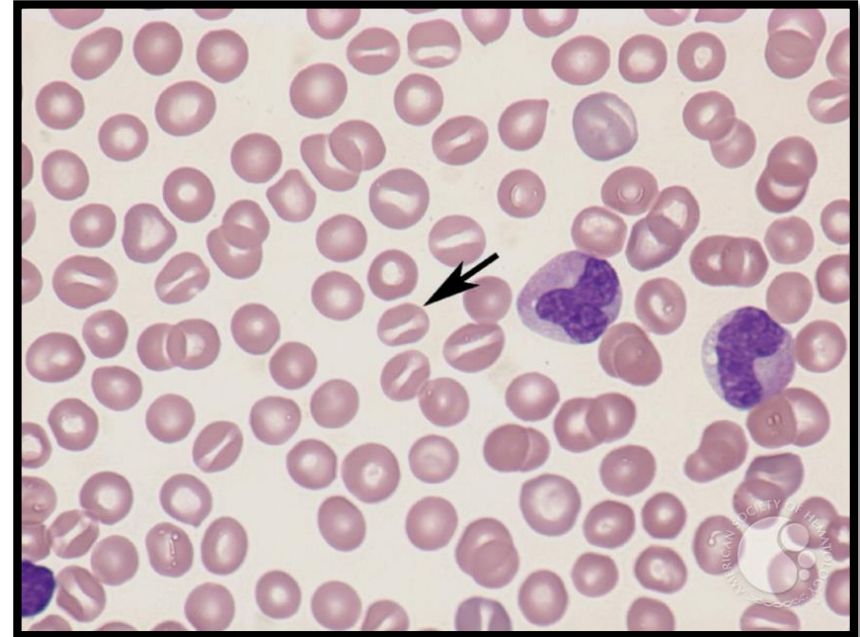


Morphology

Elliptocytes

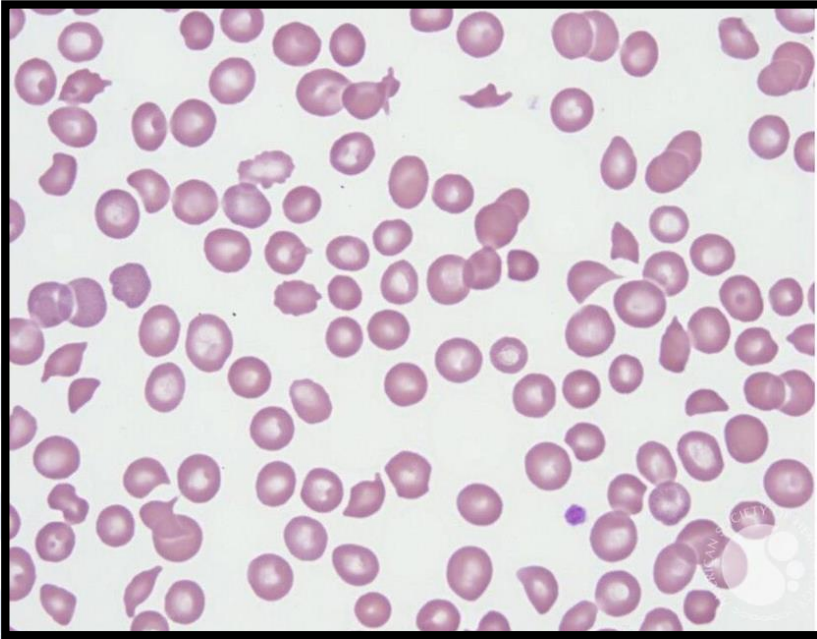


Stomatocytes

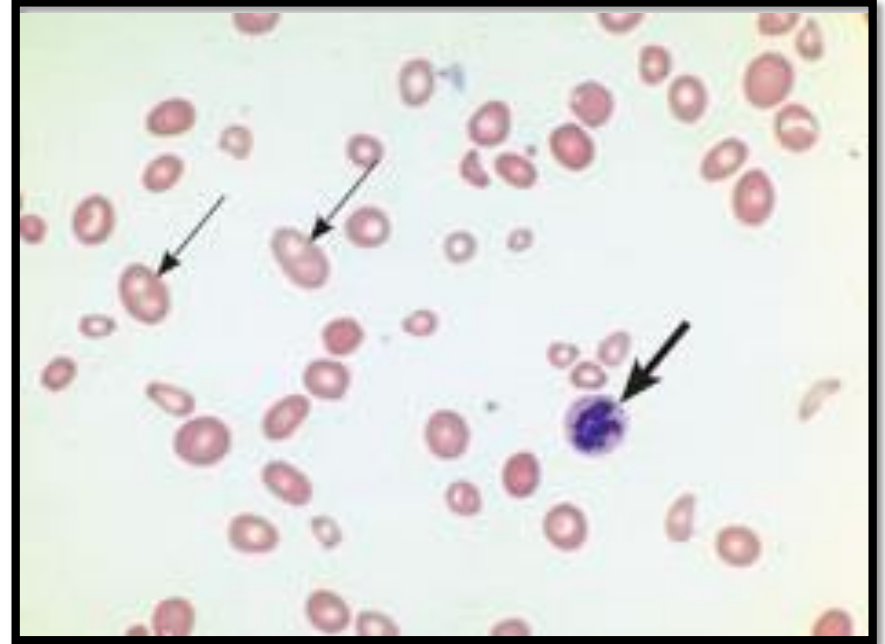


Morphology

Fragment (schistocyte)



Macroovalocyte



Blood Film Cheat Code

- Polychromasia
 - Suggests increased reticulocytes
- Spherocytes
 - Suggests either
 - Immune mediated haemolysis
 - Red cell membrane disorder (inherited)
- Red Cell Agglutination
 - Cold agglutination (may be laboratory artifact)
 - Could trigger haemolysis
- Blister/Ghost/Bite Cell
 - Oxidative Haemolysis
- Elliptocytes/Stomatocytes
 - Potential red cell membrane disorder
- Red Cell Fragments
 - Can be seen in valvular disease, renal and liver disease.
 - Important to exclude
 - DIC, HUS/TTP
- Macro-ovalocytes
 - Suggests B12/folate deficiency
- Rouleaux
 - Raised inflammatory marker or globulin
- Teardrop
 - Possible myelofibrosis



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CLINICAL

History

- Presenting complaint
 - Bleeding
 - Bowel changes
 - Travel
 - Recent surgery
- PMHx
 - Renal disease
 - Chronic illness
 - Transfusion history
 - Bowel surgery
- Family history
 - Thalassaemia/Haemoglobinopathy
 - Membranopathy
- Diet
 - Vegan
 - Fava bean
- Medication
 - Anticoagulant/antiplatelet
 - Methotrexate
 - Dapsone

Examination

- Signs of anaemia/nutritional deficiency
 - Pallor
 - Angular stomatitis
 - Koilonychia
 - Jaundice
- Cardiovascular
 - Hyperdynamic circulation
 - Compromise
- Bleeding manifestation (guided by history)
 - PR exam for melaena
- Significant diseases to rule out
 - Hepatosplenomegaly
 - Lymphadenopathy
 - Everything else guided by history



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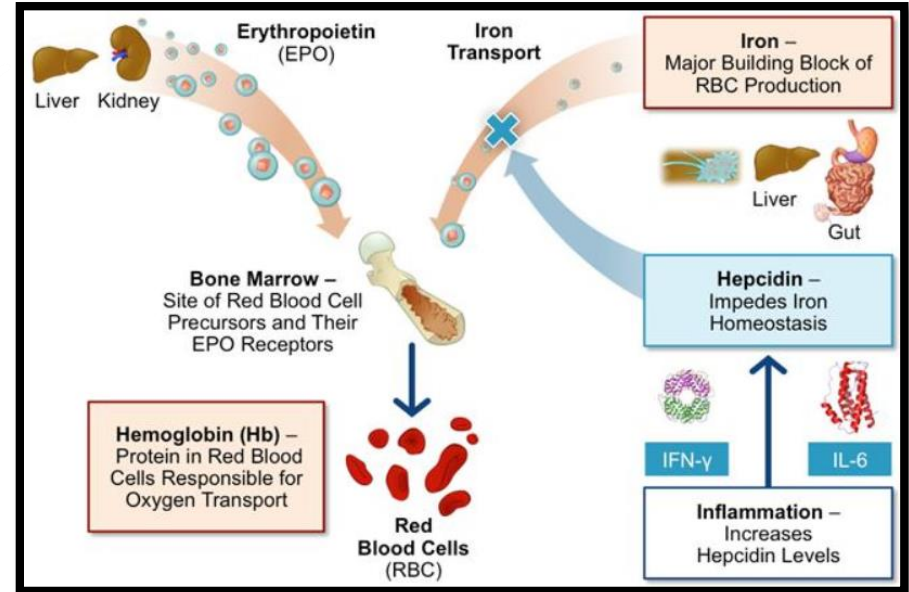
INVESTIGATIONS

Level 1

- Must
 - CBC
 - Reticulocyte
- Dependent
 - Renal function
 - Inflammatory Marker
 - LFT
 - Haematinics
 - Full iron study
 - Not just ferritin
 - B12/folate
 - TSH

Full/Complete Blood Count

1. Patient Detail
 - Appropriate reference range
2. Look at all 3 lineages
 - Pancytopenia
 - Think global
 - BM related
 - B12/folate deficiency
 - Splenic sequestration
 - May be more than just one process
3. MCV
 - Refer to earlier lists
4. Reticulocyte
 - Bone marrow response
5. Blood film comment
 - Spherocytes
 - Red cell fragments
 - Malaria parasite
 - Abnormal lymphocytes



Microcytic Anaemia

	IDA	Thal/Haem	ACD	SA
Ferritin	↓	↕	↔	↔
Blood Film	Pencil cells Dimorphic*	Target cells Basophilic stippling	Rouleaux	Dimorphic Dysplasia
Thrombocytosis	↑	↔	↑	↔
RDW	↑	↔	↔	↑
Reticulocyte	↓	↑	↓	↑
CRP/ESR	↔	↔	↑	↔
sTFR	↑	↑	↔	↑
RBC	↓	↑	↓	↓

IDA = Iron Deficiency Anaemia

SA = Sideroblastic Anaemia

REt-He = Reticulocyte Haem

sTFR = Soluble Transferrin Receptor

Normocytic Anaemia

	Blood Loss	Haemolysis	ACD	Renal Disease	Bone marrow	Drug
Retic	↑	↑	↕	↕	↕	↕
Haptoglobin	↔	↓	↕	↔	↔	↔
Urea	↕	↔	↔	↑	↔	↔
Cr	↔	↔	↔	↑	↔	↔
Film	Polychromasia Leucoerythroblastic	Polychromasia Various	Normal	Echinocytes	Normal Malignant cells Leucoerythroblastic	Normal

- Consider myeloma screen

Macrocytic Anaemia

	MA	MDS	Liver	Hypothyroidism	Drug	Blood Loss or Haemolysis
B12/folate	↓	↕	↕	↕	↕	↕
Thyroid Fx	↔	↔	↔	↓	↔	↔
LFT	↔	↔	↑	↔	↔	↔
Retic	↕	↕	↕	↕	↕	↑
Film	Macroovalocyte	Dysplasia	Acanthocytes	Normal	Normal	See before

MA = Megaloblastic Anaemia

MDS = Myelodysplastic syndrome



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CASE

Case 1

- FBC/CBC

		Ref. Range
Haemoglobin	62	(115 – 155)
RBC	1.93	(3.60 – 5.60)
HCT	0.21	(0.35 – 0.46)
MCV	107	(80 – 99)
MCH	32.1	(27.0 – 33.0)
Platelets	223	(150 – 400)
WBC	3.6	(4.0 – 11.0)
Neutrophils	1.9	(1.90 – 7.50)
Lymphocytes	1.2	(1.00 – 4.00)
Monocytes	0.3	(0.20 – 1.00)
Eosinophils	0.0	(<0.51)
Basophils	0.0	(0.00 – 0.20)

- Additional Test

		Ref. Range
Reticulocytes	247	(10 – 100)

- Blood Film

- Increased number of macrocytes, polychromasia and oval cells. Reported by XXXX scientist.

- What are the differential?

Macrocytic Anaemia

	MA	MDS	Liver	Hypothyroidism	Drug	Blood Loss or Haemolysis
B12/folate	↓	↕	↕	↕	↕	↕
Thyroid Fx	↔	↔	↔	↓	↔	↔
LFT	↔	↔	↑	↔	↔	↔
Retic	↕	↕	↕	↕	↕	↑
Film	Macroovalocyte	Dysplasia	Acanthocytes	Normal	Normal	See before

Blood loss or anaemia?

Case 1

- No history of blood loss

		Ref. Range
Haemoglobin	62	(115 – 155)
RBC	1.93	(3.60 – 5.60)
HCT	0.21	(0.35 – 0.46)
MCV	107	(80 – 99)
MCH	32.1	(27.0 – 33.0)
Reticulocytes	247	(10 – 100)
Blood film	Increased number of macrocytes, polychromasia and oval cells. Reported by XXXX scientist. Spherocyte and polychromasia are not prominent. Reported by XXXX haematologist.	

- Haemolysis Screen

		Ref. Range
Haptoglobin	<0.3	(0.3 – 2.0)
Bilirubin (conj)	15	(0 - 5)
Total Bilirubin	63	(<25)
LDH	677	(120 - 250)
DAT (Coomb's Test)	4+	

- Diagnosis?

- Immune mediated haemolysis
 - Auto or allo-immune

Question?



Case 2

- FBC/CBC

		Ref. Range
Haemoglobin	92	(115 – 155)
RBC	5.41	(3.60 – 5.60)
HCT	0.30	(0.35 – 0.46)
MCV	56	(80 – 99)
MCH	17.0	(27.0 – 33.0)
Platelets	224	(150 – 400)
WBC	5.6	(4.0 – 11.0)
Neutrophils	3.62	(1.90 – 7.50)
Lymphocytes	1.23	(1.00 – 4.00)
Monocytes	0.52	(0.20 – 1.00)
Eosinophils	0.16	(<0.51)
Basophils	0.03	(0.00 – 0.20)
Reticulocyte	123	(10 – 100)

- Iron Study

		Ref. Range
Ferritin	22	(20 – 170)

- Blood Film

- Markedly increased target cell, microcytes, fragmented cells, spherocytes and blister cells.

Microcytic Anaemia

	IDA	Thal/Haem	ACD	SA
Ferritin	↓	↕	↔	↔
Blood Film	Pencil cells Dimorphic*	Target cells Basophilic stippling	Rouleaux	Dimorphic Dysplasia
Thrombocytosis	↑	↔	↑	↔
RDW	↑	↔	↔	↑
Reticulocyte	↕	↑	↓	↑
CRP/ESR	↔	↔	↑	↔
sTFR	↑	↑	↔	↑
RBC	↓	↑	↓	↓

IDA = Iron Deficiency Anaemia

SA = Sideroblastic Anaemia

REt-He = Reticulocyte Haem

sTFR = Soluble Transferrin Receptor

Case 2

- FBC/CBC

		Ref. Range
Haemoglobin	92	(115 – 155)
RBC	5.41	(3.60 – 5.60)
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Eosinophils	0.16	(<0.51)
Basophils	0.03	(0.00 – 0.20)
Reticulocyte	123	(10 – 100)

- Haemoglobinopathy Screen

		Ref. Range
HbA2	0.9%	(2.2 – 3.3)
HbH	Numerous inclusion	
HbA	92.4%	

- Diagnosis?

- Alpha thalassaemia

Question?



Case 3

- FBC/CBC

		Ref. Range
Haemoglobin	54	(115 – 155)
RBC	2.28	(3.60 – 5.60)
HCT	0.19	(0.35 – 0.46)
MCV	83	(80 – 99)
MCH	23.7	(27.0 – 33.0)
Platelets	143	(150 – 400)
WBC	3.0	(4.0 – 11.0)
Neutrophils	1.36	(1.90 – 7.50)
Lymphocytes	1.32	(1.00 – 4.00)
Monocytes	0.26	(0.20 – 1.00)
Eosinophils	0.05	(<0.51)
Basophils	0.0	(0.00 – 0.20)
Reticulocyte	57	(10 – 100)

- Additional Test

		Ref. Range
Ferritin	84	(20 – 170)
Creatinine	77	(45 – 90)
TSH	1.6	(0.30 – 4.00)
CRP	<1	(0 – 5)

- Blood Film

- Normocytic normochromic anaemia, marked rouleaux and background staining.

Normocytic Anaemia

	Blood Loss	Haemolysis	ACD	Renal Disease	Bone marrow	Drug
Retic	↑	↑	↕	↕	↕	↕
Haptoglobin	↔	↓	↕	↔	↔	↔
Urea	↕	↔	↔	↑	↔	↔
Cr	↔	↔	↔	↑	↔	↔
Film	Polychromasia Leucoerythroblastic	Polychromasia Various	Normal	Echinocytes	Normal Malignant cells Leucoerythroblastic	Normal

- Consider myeloma screen

Case 3

- FBC/CBC

		Ref. Range
Haemoglobin	54	(115 – 155)
RBC	2.28	(3.60 – 5.60)
HCT	0.19	(0.35 – 0.46)
MCV	83	(80 – 99)
MCH	23.7	(27.0 – 33.0)
Platelets	143	(150 – 400)
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Basophils	0.0	(0.00 – 0.20)
Reticulocyte	57	(10 – 100)

- Additional Test

		Ref. Range
Ferritin	84	(20 – 170)
Creatinine	77	(45 – 90)
TSH	1.6	(0.30 – 4.00)
CRP	<1	(0 – 5)

		Ref. Range
Bilirubin	14	(<25)
ALP	34	(40 – 130)
GGT	18	<50
ALT	11	<45
Total Protein	127	(66 - 84)
Globulin	101	(25 – 41)

Case 3

		Ref. Range
IgG	3.8	(7.0 – 16.0)
IgA	62.9	(0.8 – 4.0)
IgM	0.2	(0.4 – 2.5)
Paraprotein	78g/L of IgA Lambda	
Kappa SFLC	5	(3 – 19)
Lambda SFLC	914	(6 -26)
Calcium	2.57	(2.10 – 2.55)

- Diagnosis?
 - IgA myeloma

Question?

