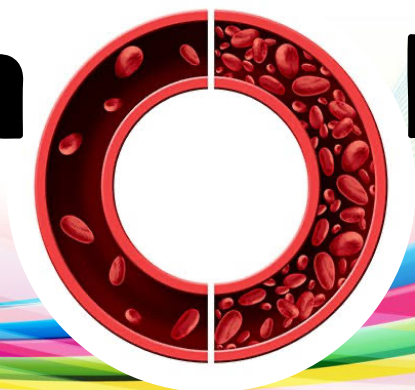




Easy Tips to Manage Hemolytic Anemia

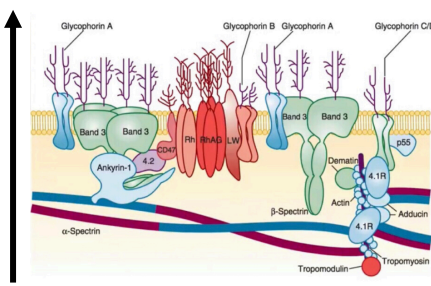
Hemolytic Anemia



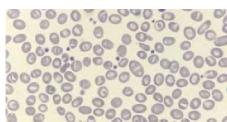
Membrane

Vertical linkage

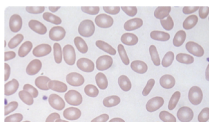
Horizontal linkage



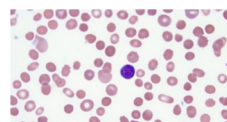
Horizontal linkage



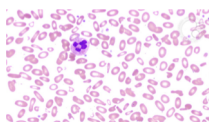
SAO



HE



HS



HPP

Warm - IgG

Cold - IgM



Warm Antibody AIHA

Typically associated with IgG autoantibodies - 60-70% of cases



Cold Agglutinin Disease

Typically associated with IgM autoantibodies - 13-15% of cases

Extravascular Hemolysis

Presentation

Extra>Intravascular Hemolysis

DAT : IgG

Dx

DAT : C3b

Autoimmune, Infection

Cause

Infection

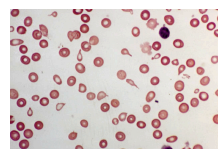
Glucocorticoids
Rituximab, Splenectomy
Rx underlying disease

Treatment

Rituximab

Internal

Hemoglobinopathy

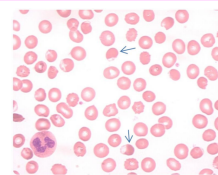


Target cell

Hb typing

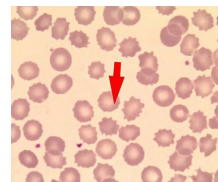
Genetic analysis

Enzymopathy



Hb leakage cell

G6PD level



Echinocyte cell

PK level

Environment

Thrombotic Microangiopathy

Prosthetic Valve

Kasabach-Merritt Syndrome

Tips

- Treatment depends on cause and severity of hemolysis
- **Steroid** : Pred 2 MKDay for mild tp moderate disease
- **Methylpred** 1 Mkdose q 8 hr for 3 days for severe disease or pulse HD treatment
- **"Most compatible blood"** is given only in pt. with CV compromise
- Chronic disease patient needs vitamin B and folate supplement