A circular inset image showing several red blood cells against a dark background, viewed under a microscope.

Introduction of anemia

血液腫瘤科

Outline

- CBC reading
- Blood smear

Approach for Anemia

Morphological

- 比大小 MCV
- 看型態 RDW

Kinetic

- 別忘 Reticulocyte
- 製造不足 or 破壞增加

Morphological Approach

- Macrocytic ($MCV > 100$)
- Microcytic ($MCV < 80$)
- Normocytic

Morphological Approach-2

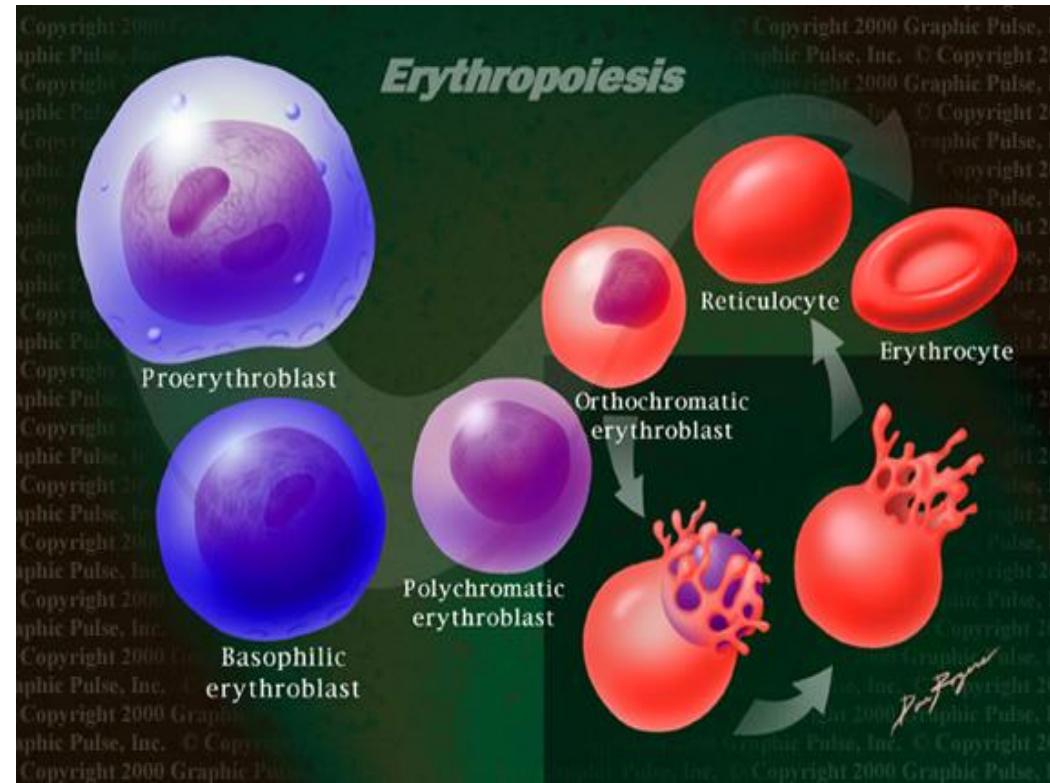
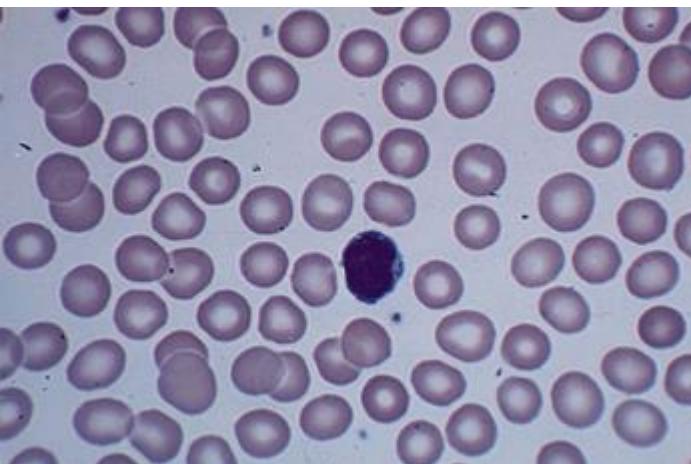
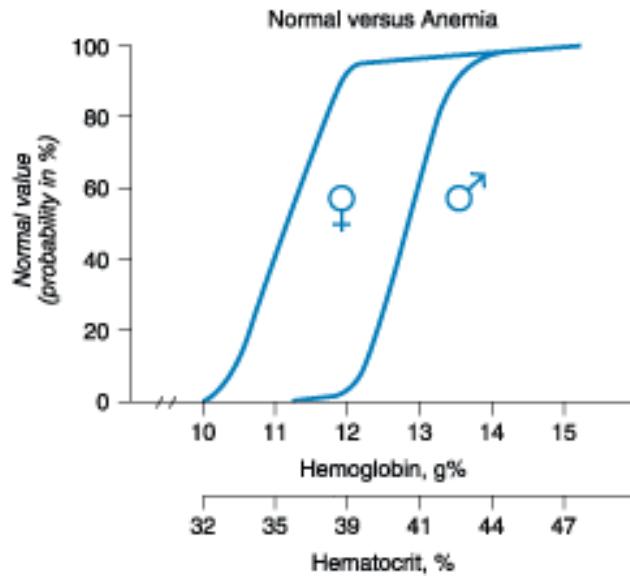
Normocytic (MCV 80-100)

- Anemia of chronic disease (ACD)
- Mixed deficiencies
- Renal failure
- BM dz (ex AA, MDS, MM...)

Microcytic (MCV<80)

- Iron deficiency anemia
- Thalassemia
- Anemia of chronic disease (ACD, 30-40%)
- Sideroblastic anemia
- Pb intoxicification

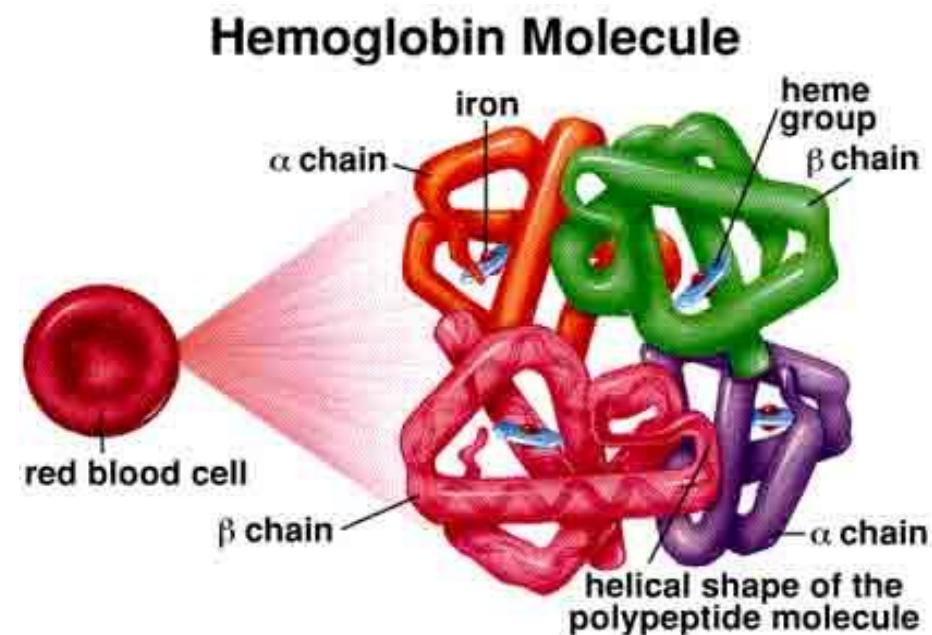
Erythrocyte Development

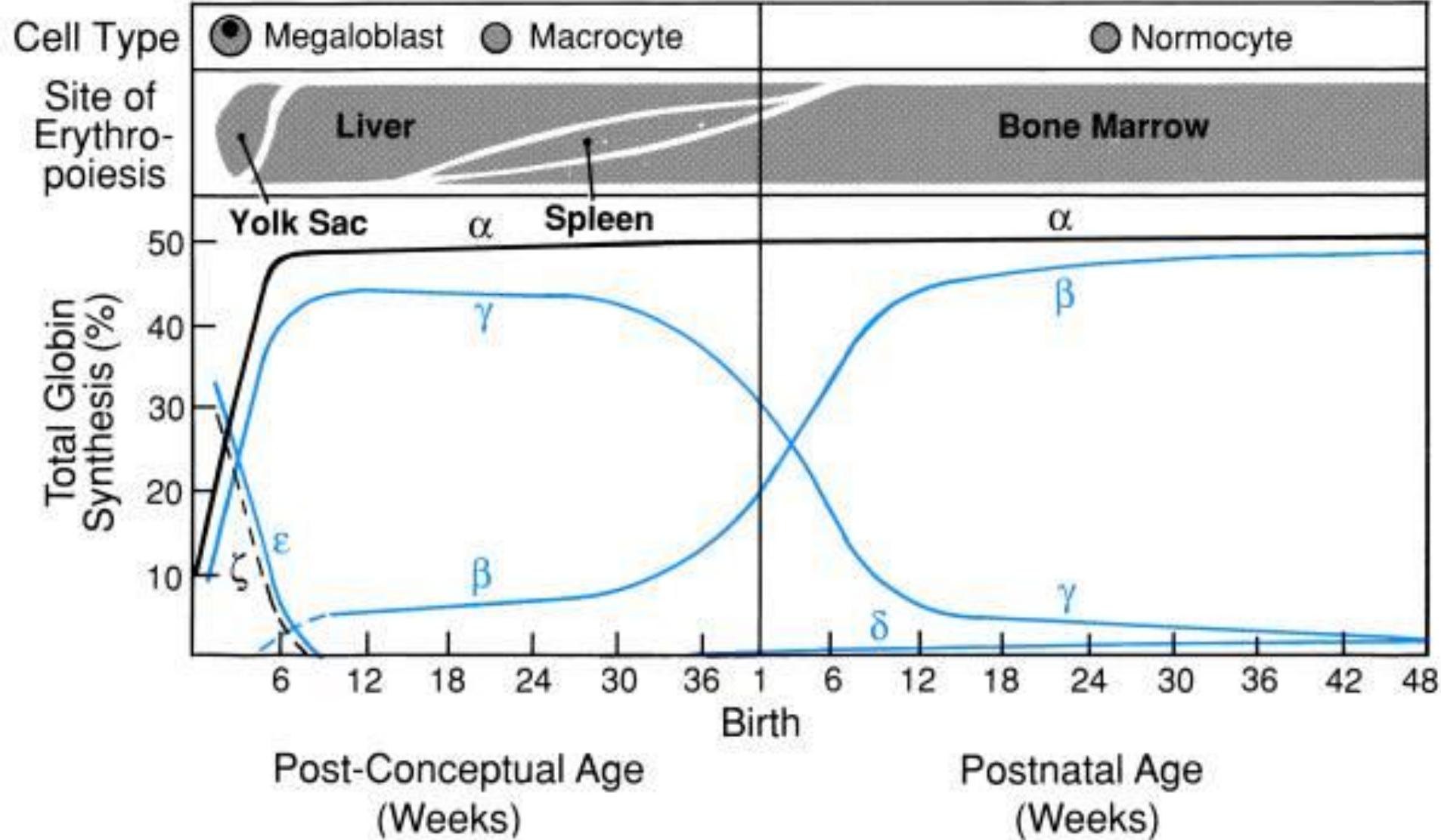


EPO: 90% from kidney
10% from liver

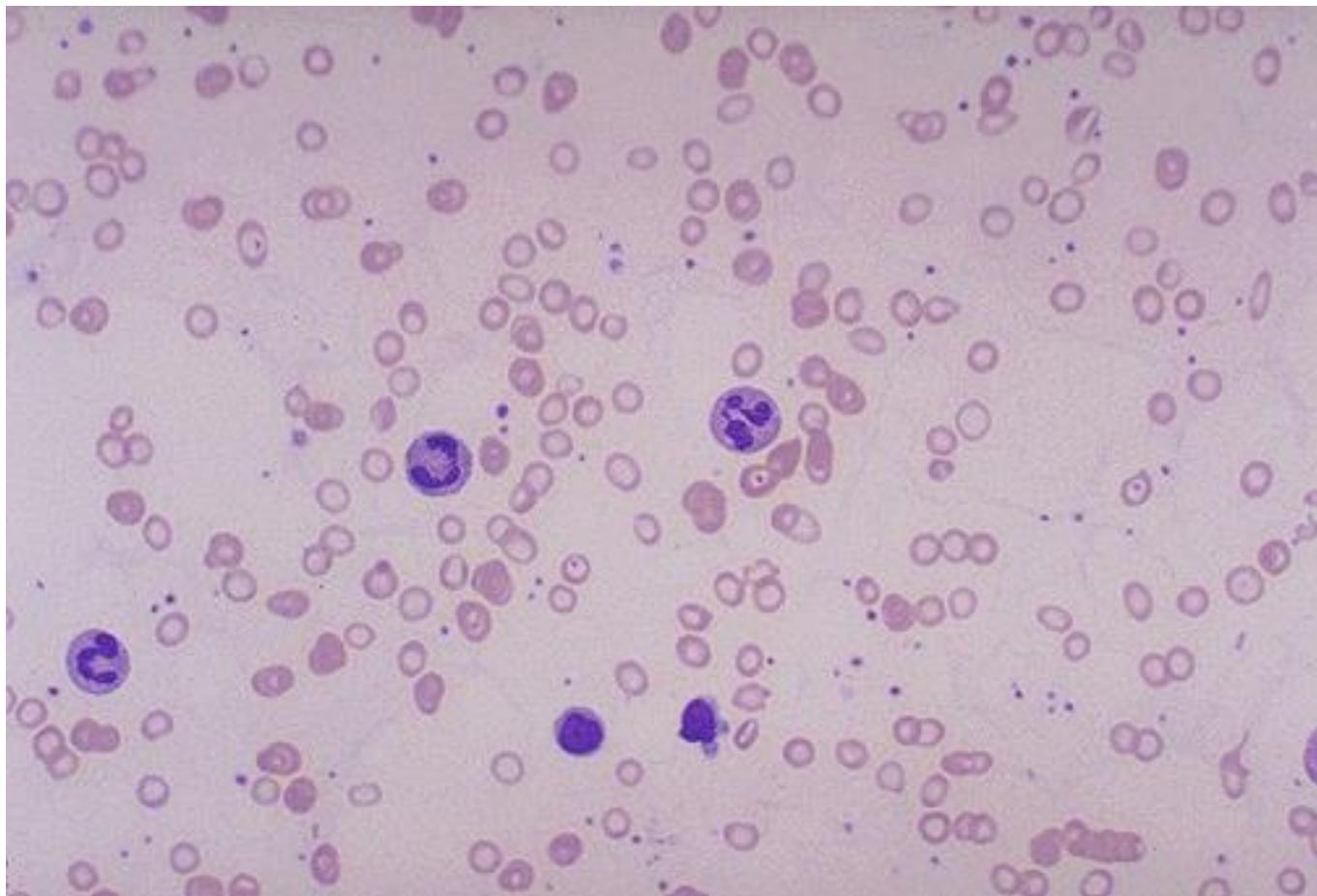
Hemoglobin

Fe + protoporphyrin $\alpha_2\beta_2$
↓ ↓
heme + globin
↓
Hb

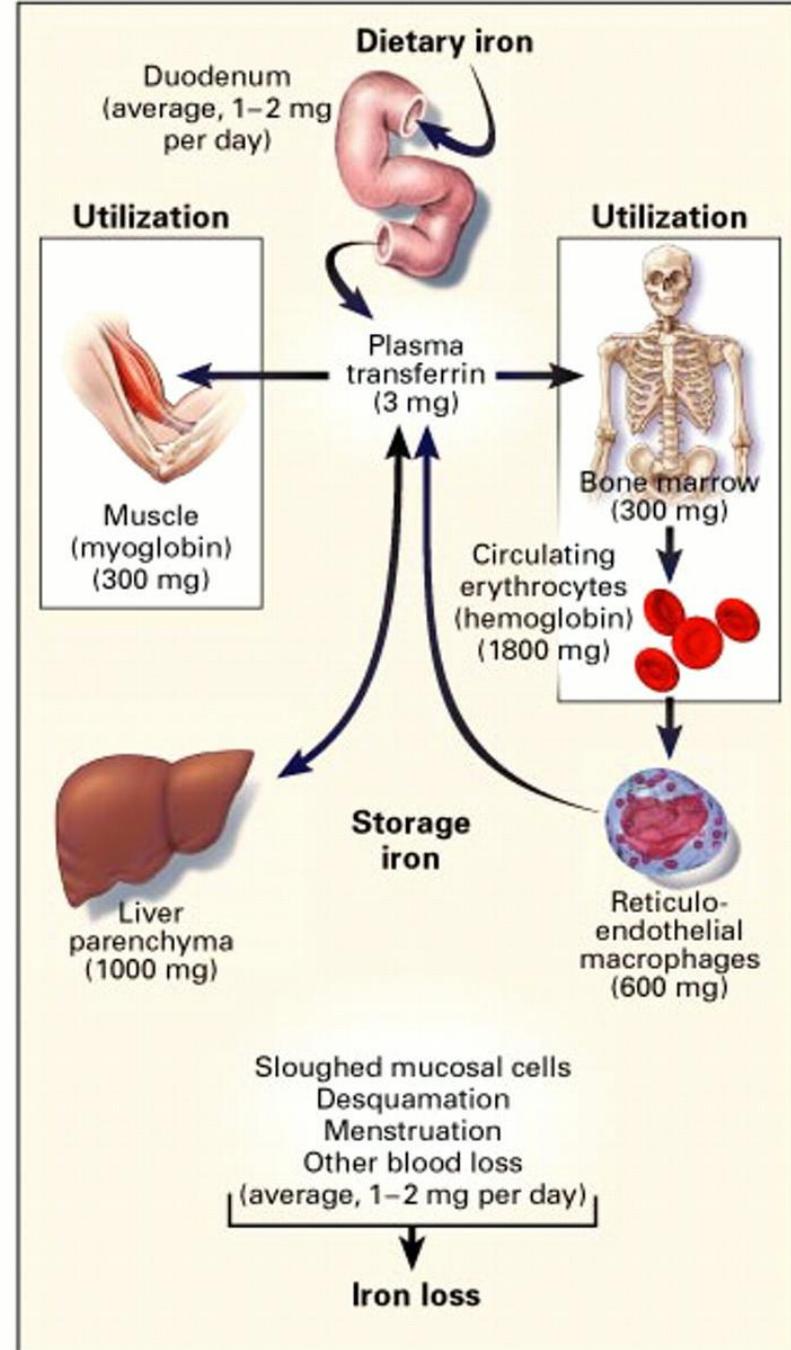
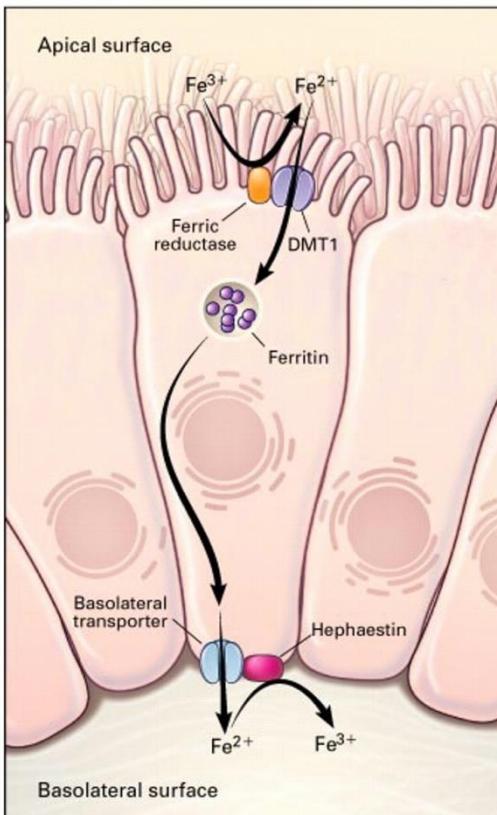




Iron and IDA



Distribution of Iron in Adults



Storage iron → Circulating iron → RBC iron → Tissue iron

	Normal	Negative iron balance	Iron-deficient erythropoiesis	Iron-deficiency anemia
Iron stores	Normal	↓	↓	↓
Erythron iron	Normal	↑	↓	↓
Marrow iron stores	1-3+	0-1+	0	0
Serum ferritin ($\mu\text{g/L}$)	50-200	<20	<15	<15
TIBC ($\mu\text{g/dL}$)	300-360	>360	>380	>400
SI ($\mu\text{g/dL}$)	50-150	NL	<50	<30
Saturation (%)	30-50	NL	<20	<10
Marrow sideroblasts (%)	40-60	NL	<10	<10
RBC protoporphyrin ($\mu\text{g/dL}$)	30-50	NL	>100	>200
RBC morphology	NL	NL	NL	Microcytic/hypochromic



Angular cheilosis



Koilonychia (spoon nail)

IDA Presentation

Presentation

- Progressive MCV ↓
- Progressive RBC ↓
- Typically high RDW
- Typically high MCV/RBC
- Typically mild PLT ↑

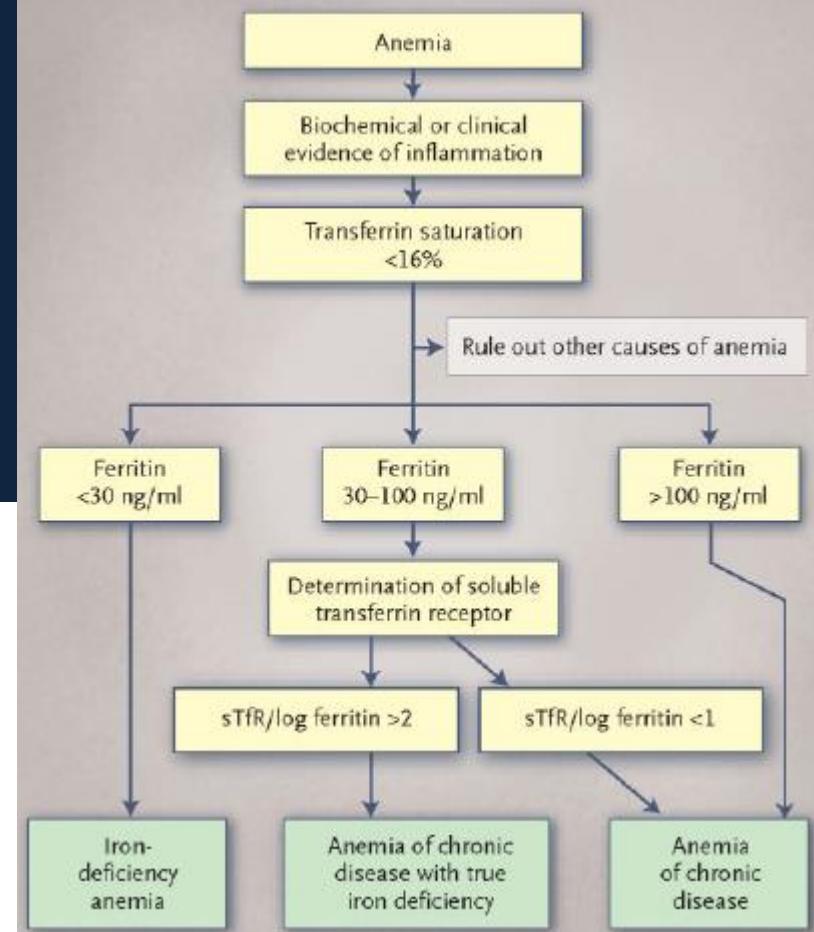
Diagnosis

- Ferritin: low (N=20-300)
- Iron/TIBC <16% (N=~33%)
- BM iron stain

D/D of ACD and IDA

<u>Lab measure</u>	<u>ACD</u>	<u>IDA</u>
Plasma Fe	Reduced (normal)	Reduced
Plasma transferrin	Reduced (normal)	Increased
Transferrin sat.	Reduced (normal)	Reduced
Plasma ferritin	Increased (normal)*	Reduced
Plasma TfR	Normal	Increased
TfR/log ferritin	Low (<1)	High (>4)

ACD may concurrently coexist with true iron deficiency
(In this situation, iron/TIBC is more reliable than ferritin)



Causes of IDA

Increased iron requirement

- Hypermenorrhea
- GI blood loss—**hemorrhoid**, PUD, GI cancer, angiodyplasia
- Factitious removal
- Hemolysis
- Hemodialysis

Inadequate iron supply

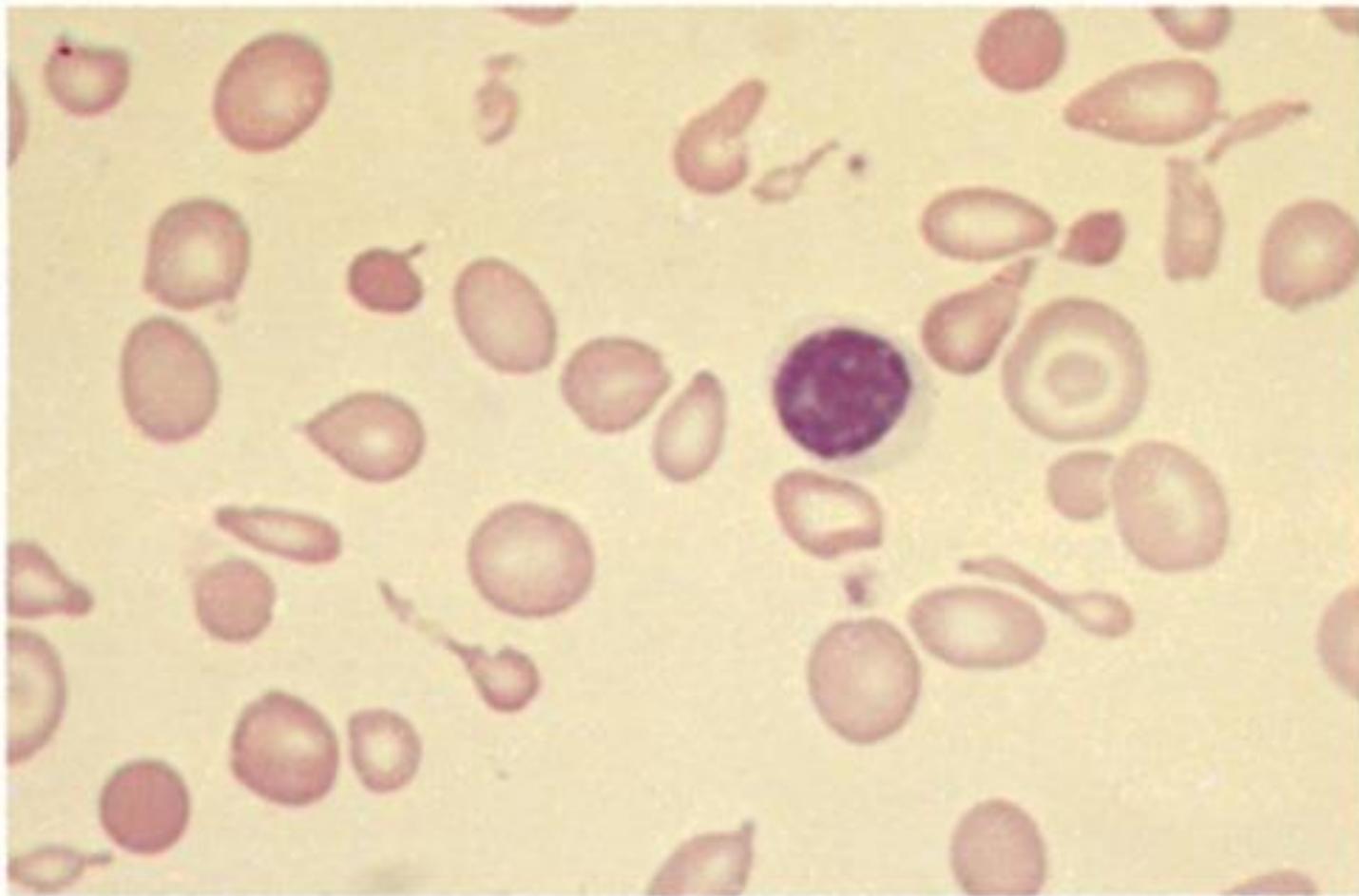
- Poor nutritional intake
- Malabsorption
- **Gastrectomy (may also has Vit B12 deficiency)**

- Rapid growth of teenage
- Pregnancy and lactation

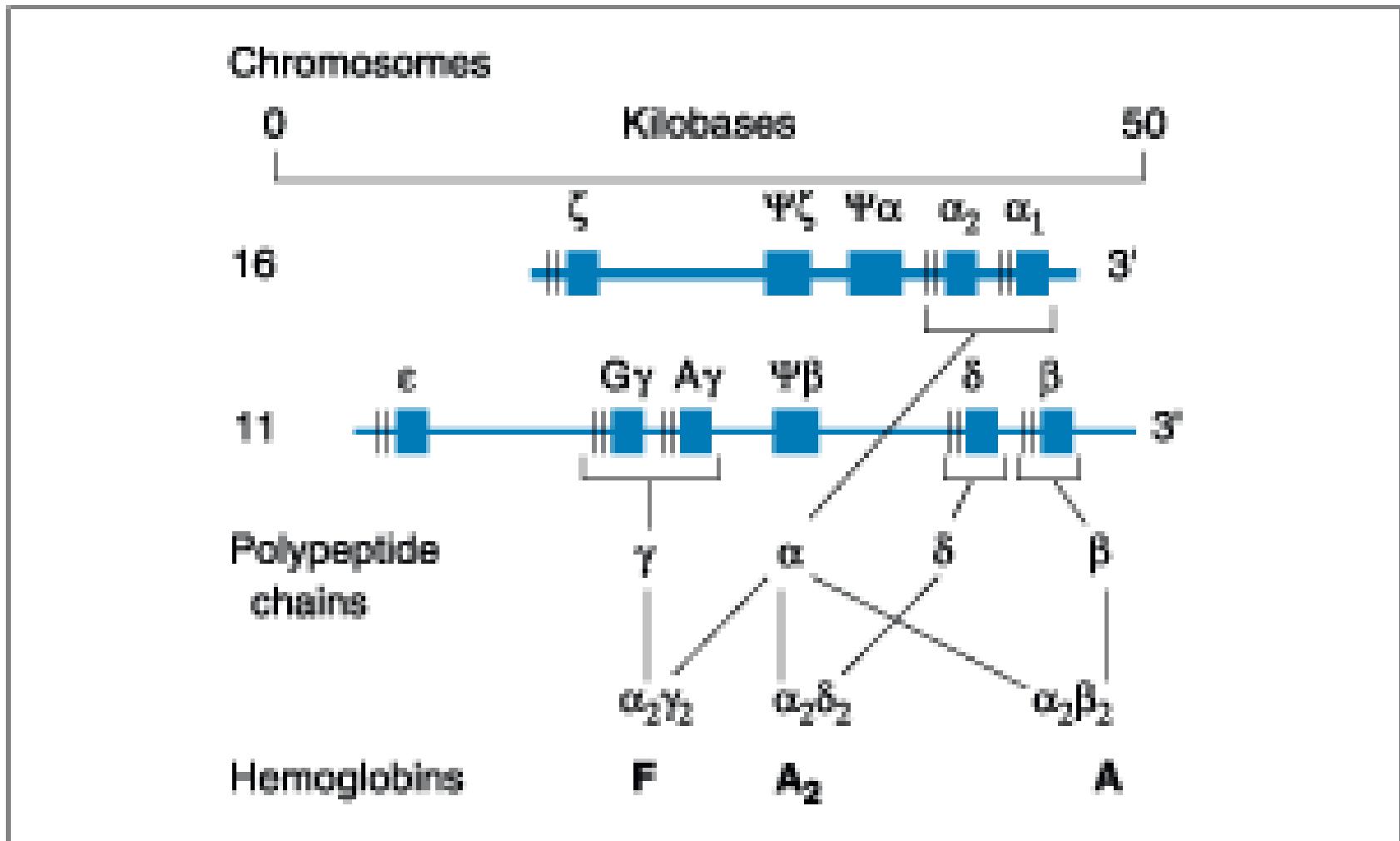
Iron Supply

- Oral: usually 3 months to restore iron storage
 - Ferrum chewable (Fe 3+) 100mg/tab
 - Hematonic (Fe 2+) 50mg/tab
- IV
 - Atofen (!! Risk of allergy and anaphylaxis—0.6%)

Thalassemia



Hb Gene



Thalassemia Presentation

Presentation

- Constant low MCV
- High RBC
- Typically low RDW
- Typically low **MCV/RBC**
- Typically iron storage ↗

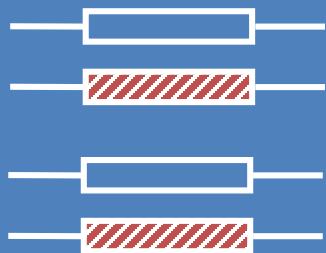
Diagnosis

- Exclude IDA
- Hb electrophoresis:
 - **Hb A2>3.5% or HbF>2% → β-thalassemia**
 - HbH(+) → α-thalassemia with $\frac{3}{4}$ defect (HbH dz)
 - HbA2 and HbF: N → α-thalassemia with $\frac{1}{4}$ or 2/4 defect
- Gene diagnosis

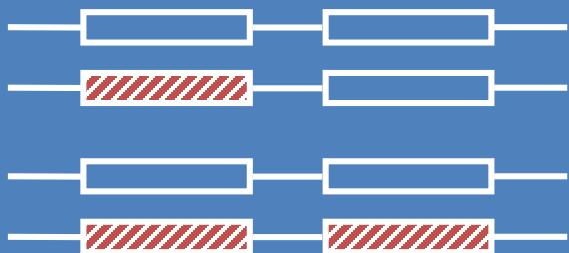
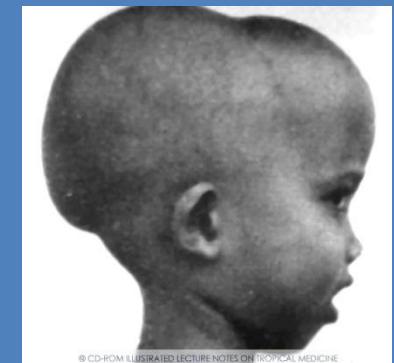
Gene Level of Thalassemia in Taiwan

- α-thalassemia: Prevalence 4%
 - --SEAα0 deletion
 - -α3.7 deletion
 - -α4.2 deletion
 - HbQS or HbCS
- β-thalassemia: Prevalence 2%
 - Codon 41/42 TCTT deletion β0
 - IVS II 654 C-> T point-mutation β0
 - Codon 17 A-> T β0
 - Promoter 28 A-> G β+
 - HbE (Codon 26 G-> A) β+
- ??% α + β-thalassemia (**Severity?**)

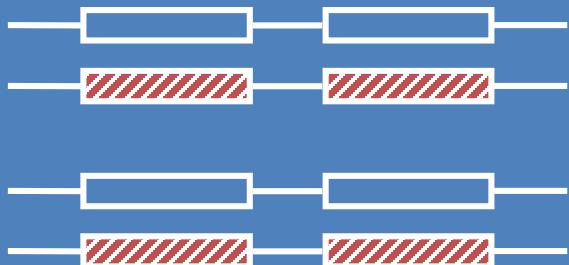
優生學的理由



β -Major (終身輸血)



Hb H disease (黃疸)



Hydrops fetalis (死胎)



Morphological Approach-1

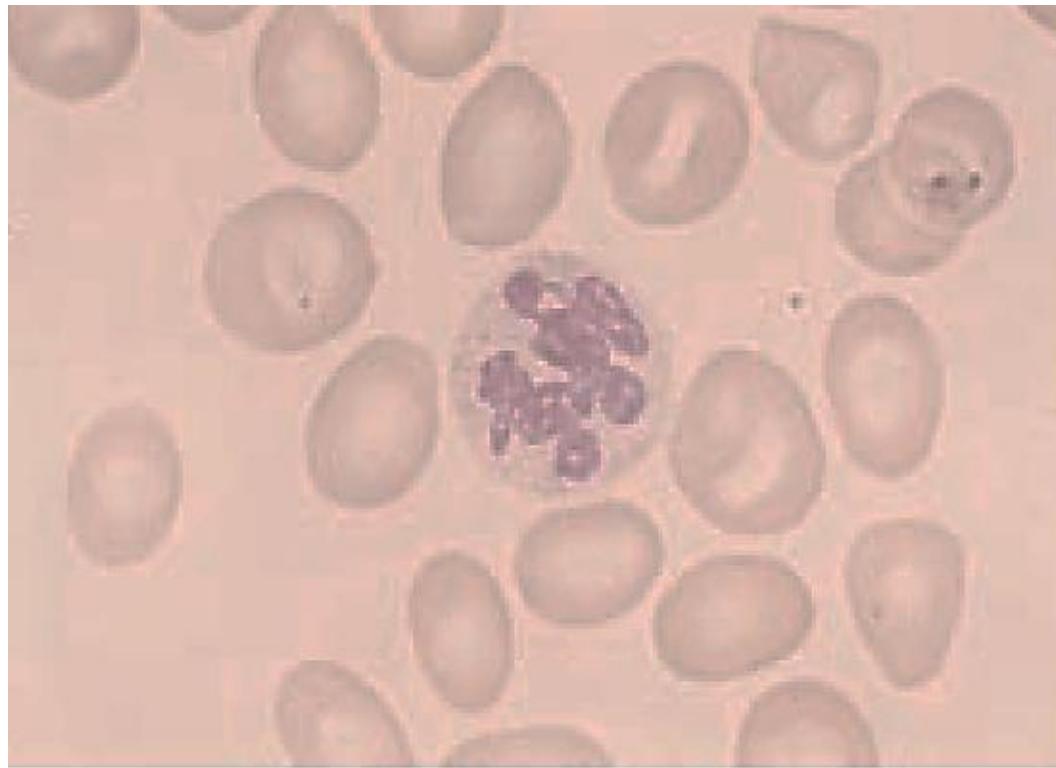
MCV>115

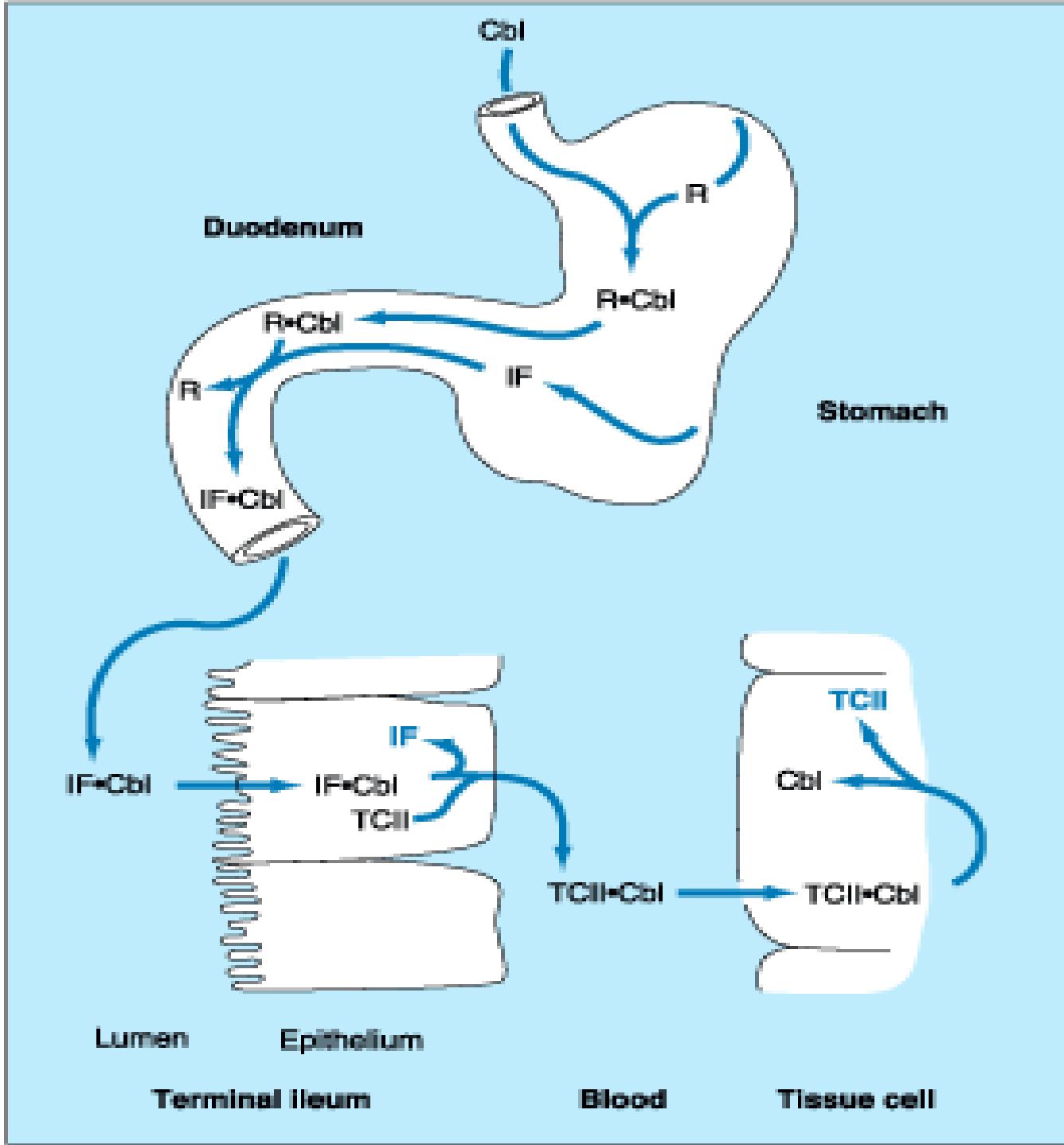
- Vit B12, Folate
- Drugs that impair DNA synthesis (AZT, chemotherapy, azathioprine)
- MDS

MCV 100 - 115

- Ditto
- Reticulocytosis
- Hypothyroidism
- Alcoholism/ liver dz

Megaloblastic Anemia





Megaloblastic Anemia Presentation

Presentation

- High MCV
- Pancytopenia
- Hypersegmented PMN
- Typically high RPI, hemolysis (LDH ↑), indirect hyperbilirubinemia
- Tinnitus or other neurological presentation
- Vegetarianism (奶, 蛋, 維他命)
- Gastrectomy or Pernicious anemia

Diagnosis

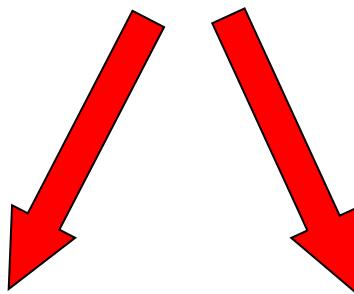
- Low Vit B12 or folic acid
 - Vit B12: 270~400: empirical try
 - Vit B12 < 270: definite deficiency

Vit B12/Folate Deficiency Anemia

Treatment

- Vit B12 deficiency:
 - Vit B12 1 mg im qd *5 → q1wk *4 → q1m*3 → q6m
 - R/I pernicious anemia
 - (Anti-parietal Ab, anti-IF Ab and PES)
 - Thyroid dz
 - Gastric cancer
- Folate deficiency: Improved diet, folic acid

Kinetic approach of Anemia



Production?

Survival/ Destruction?

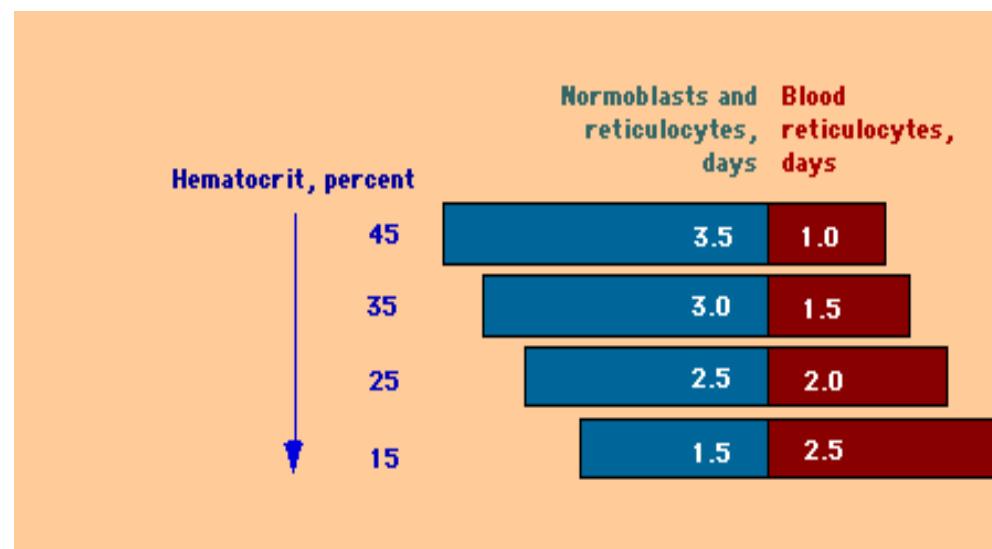
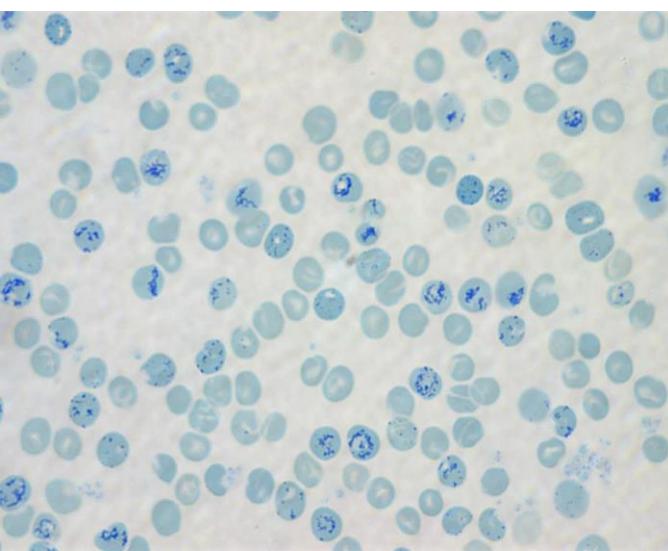
The key test is the

Reticulocyte Production Index—

an estimate of marrow production relative to normal

$$\text{■ Corrected Ret} = \text{Ret}(\%) * \frac{\text{Hct}}{45}$$

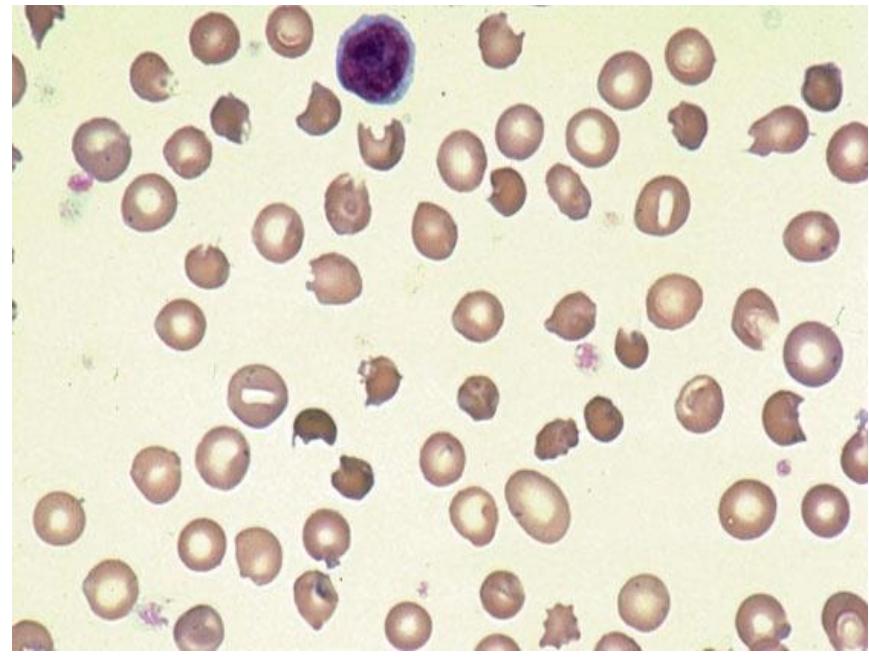
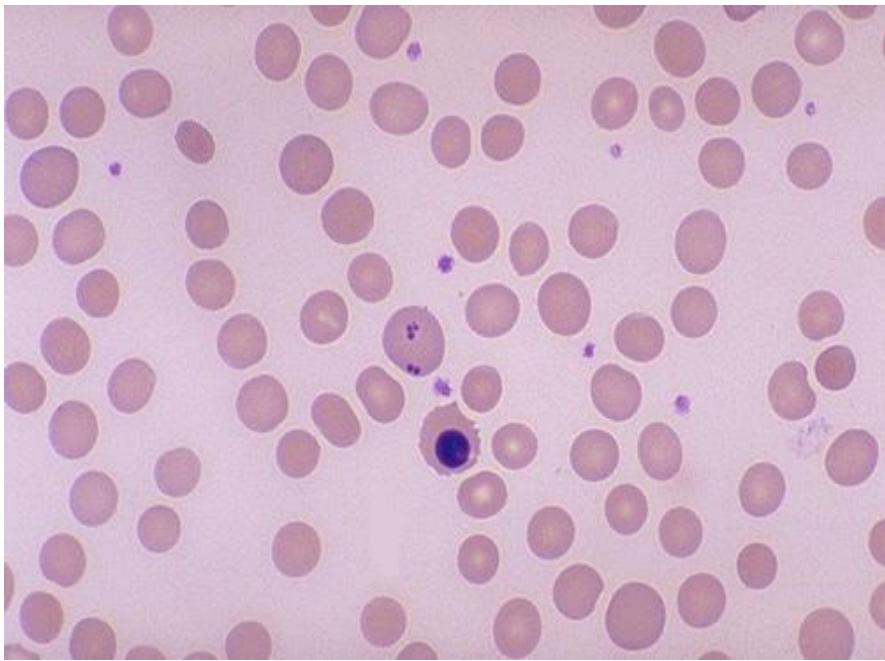
$$\text{RPI} = \frac{\text{Corrected Ret}}{\text{Maturation index}}$$



RPI (kinetic approach)

- RPI are the most helpful:
 - extremely low (<0.1%)
 - AA/ PRCA are the first considerations
 - extremely high (>3%)
 - Blood loss/ hemorrhage
 - Hemolytic anemia (although 25% AIHA have normal RPI)

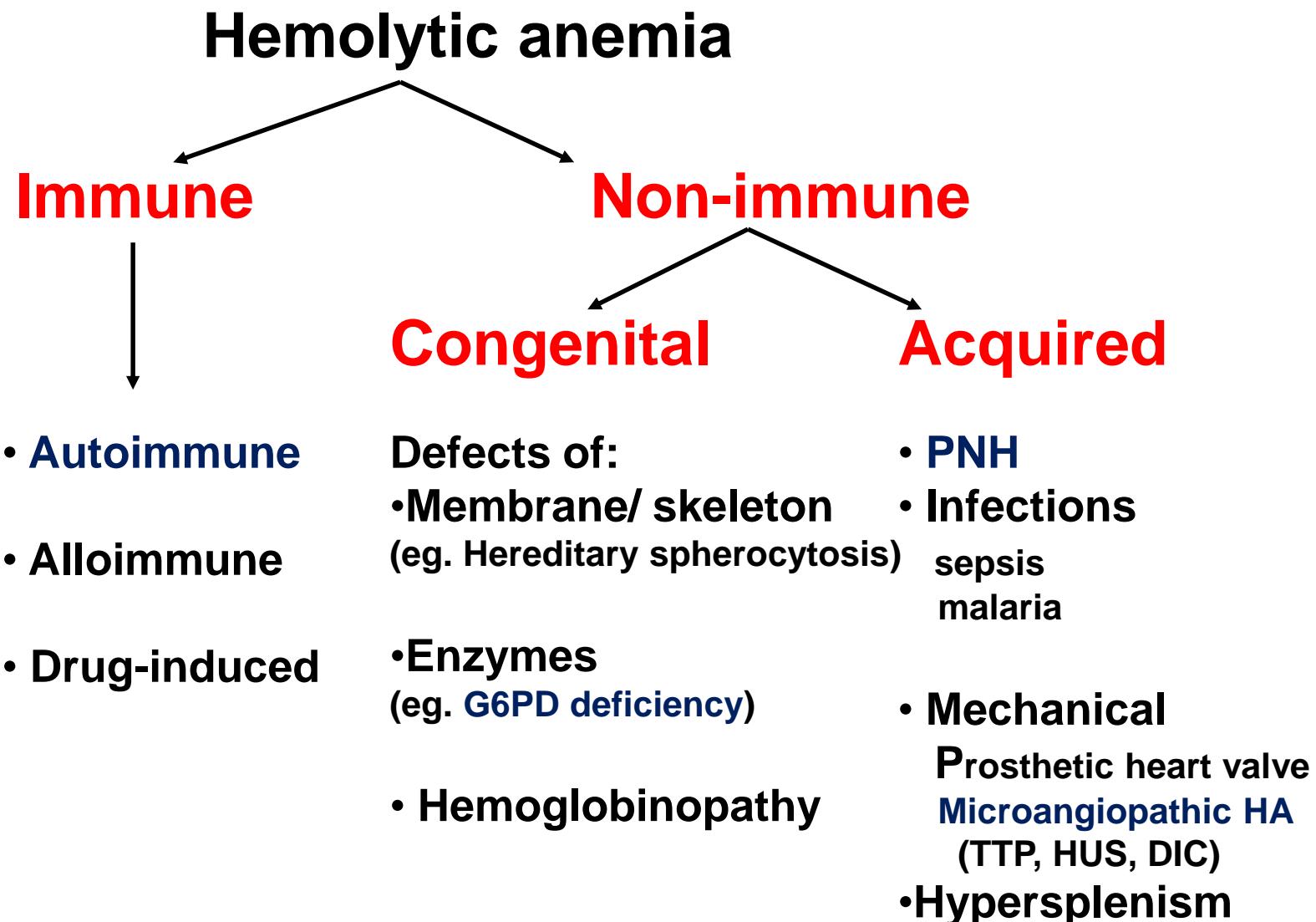
Hemolytic Anemia

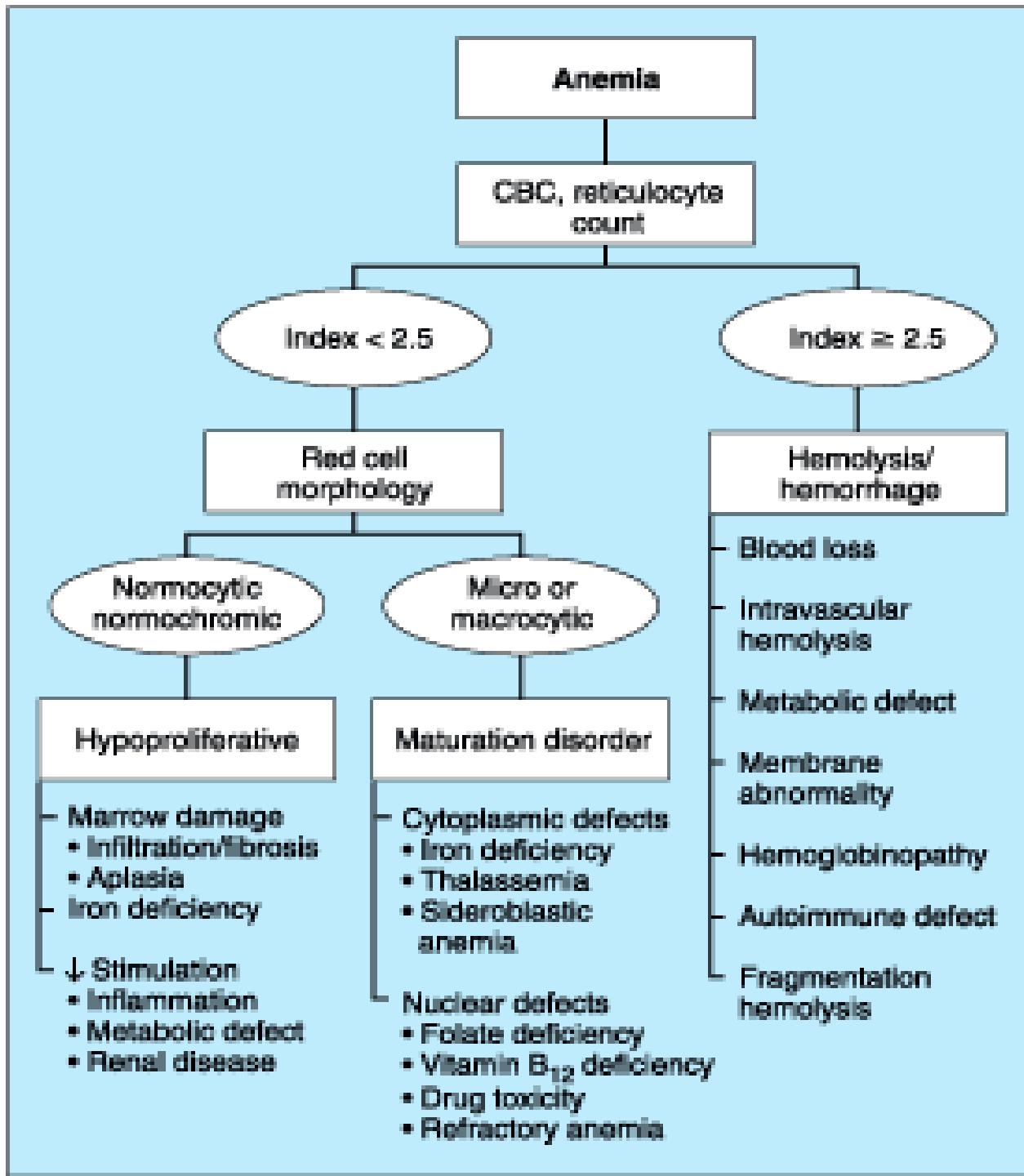


Extravascular vs Intravascular hemolysis

Test	Extravascular Hemolysis	Intravascular Hemolysis
LD	↑	↑↑
bilirubin	↑	↑
haptoglobin	N to absent	absent
hemoglobinuria	absent	present
free Hb in plasma	absent	present
urine hemosiderin	absent	present

An approach to hemolytic anemia





貧血

■ 分類：

- 依血球大小及形態：
 - 偏小性貧血：海洋性貧血、缺鐵性貧血、慢性疾病相關之貧血
 - 正常紅血球大小之貧血
 - 偏大性貧血：維他命B12缺乏或葉酸缺乏性貧血、網狀紅血球增加之貧血〈溶血急性出血〉
- 依製造功能
 - 製造不足：
 - 骨髓造血功能不足、再生不良性貧血、造血元素缺乏性貧血、缺鐵性貧血、純紅血球製造不良、其他疾病合併骨髓侵犯
 - 紅血球生成素〈Erythropoietin〉不足：腎衰竭、內分泌失調、營養不良、蛋白質不足
 - 破壞或流失增加：溶血性貧血、出血、脾臟腫大性貧血

■ 重要指標：

- 網狀性紅血球值〈Reticulocyte count〉
- 乳酸脫氫酶〈LDH〉
- 膽紅素〈Bilirubin〉
- 血紅素結合素〈Heptoglobin〉

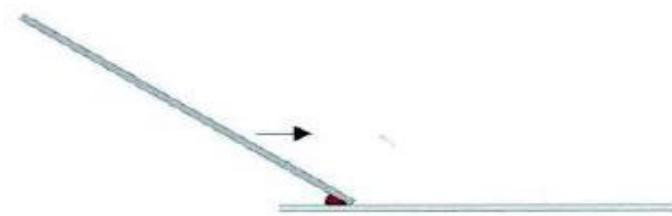
Blood smear teaching

Perpheral blood smear

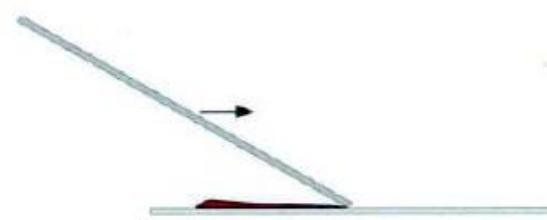
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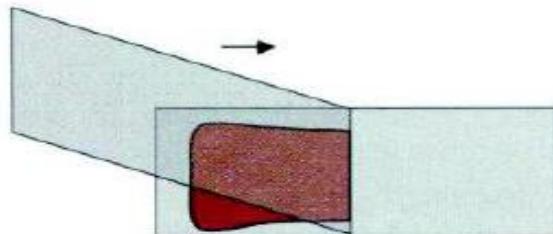
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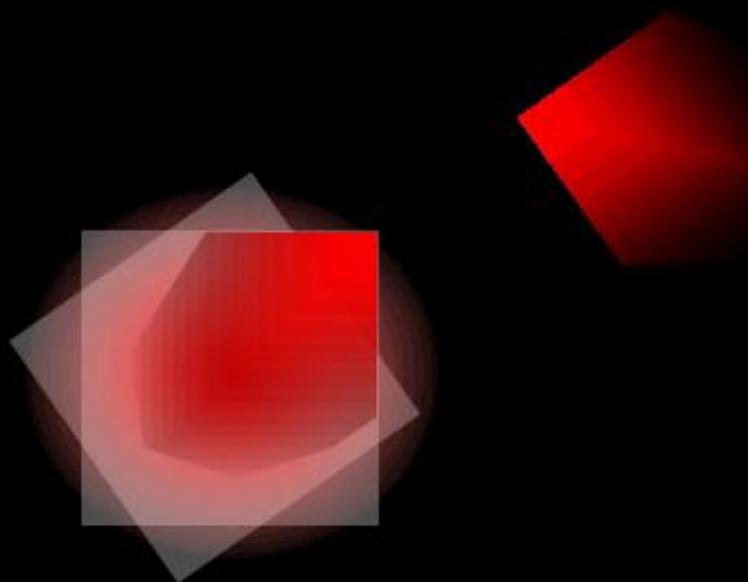
3



4



How to Prepare a Blood Smear

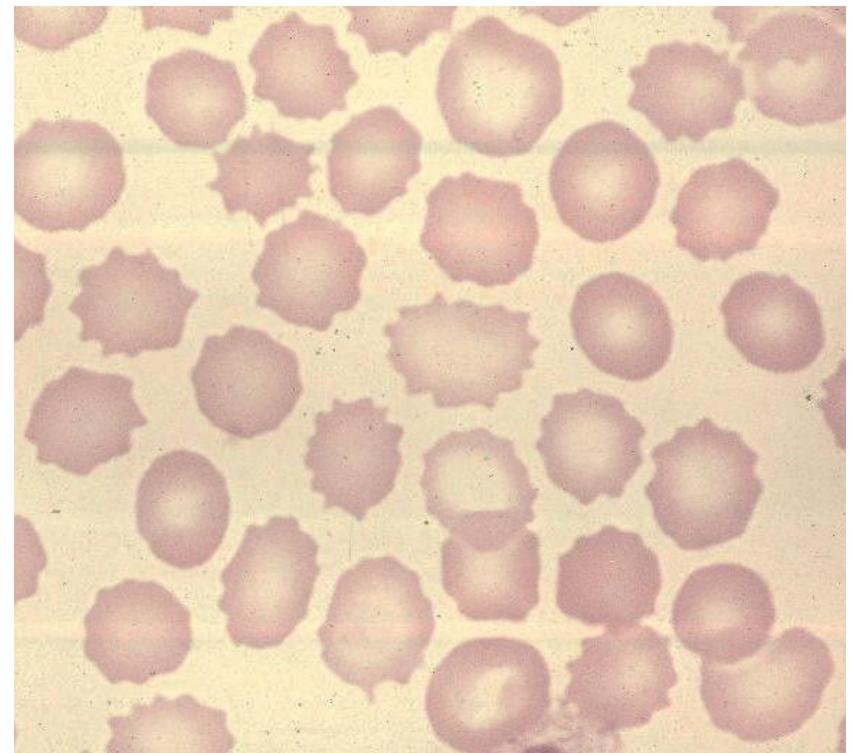


Liu's Stain

- 以Liu's A 溶液完全覆蓋於玻片上30秒
- 再加Liu's B溶液(約2倍Liu A體積)與Liu's A 溶液充分混合(用吸球吹氣，使二液混合均勻) 1分30秒
- 以流水沖洗10秒
- 待細胞抹片風乾後即可在顯微鏡下觀察

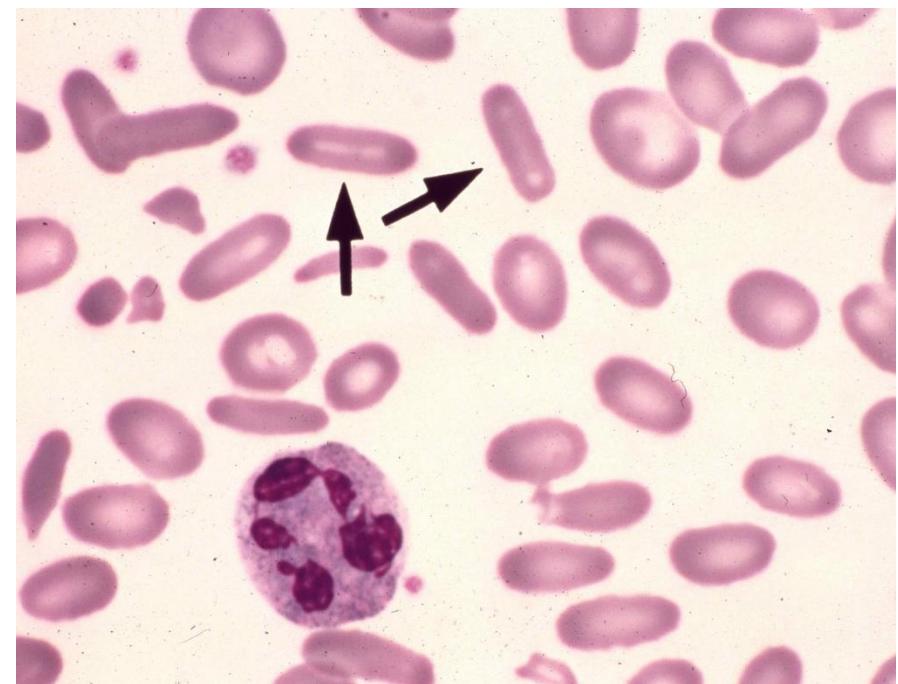
Burr cells

- Altered lipid in cell membrane
- Uremia
- gastric CA
- transfused old blood



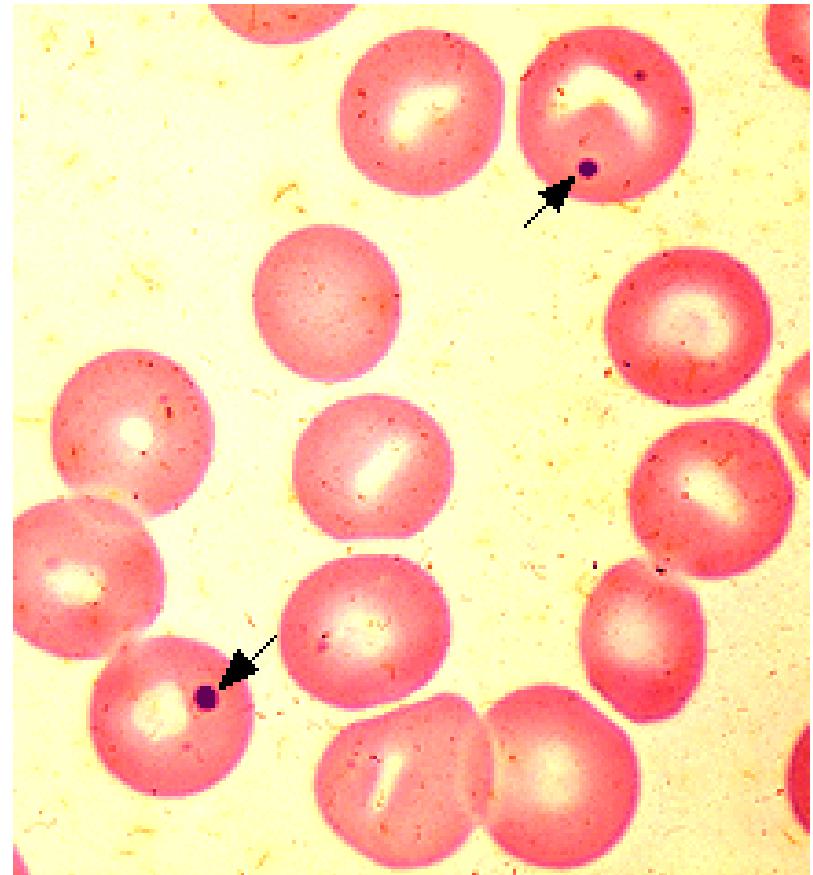
Elliptocytes/ovalocytes

- Abnormal cytoskeletal proteins
- Hereditary elliptocytosis



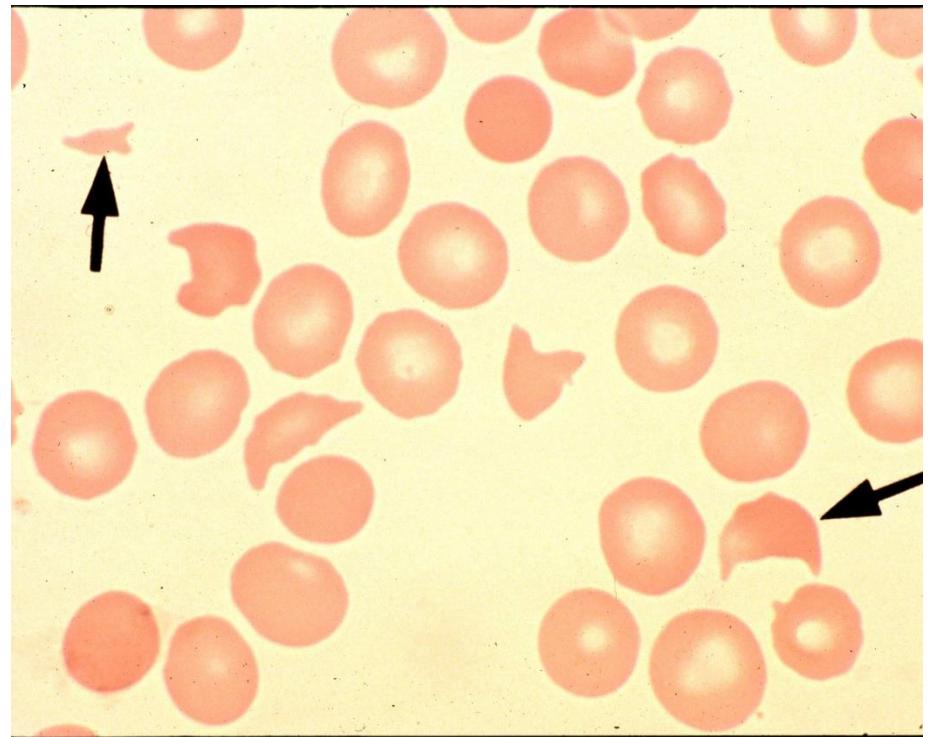
Howell Jolly body

- Nuclear remnant - DNA
- hemolytic anemia
- Absent or hypofunction spleen



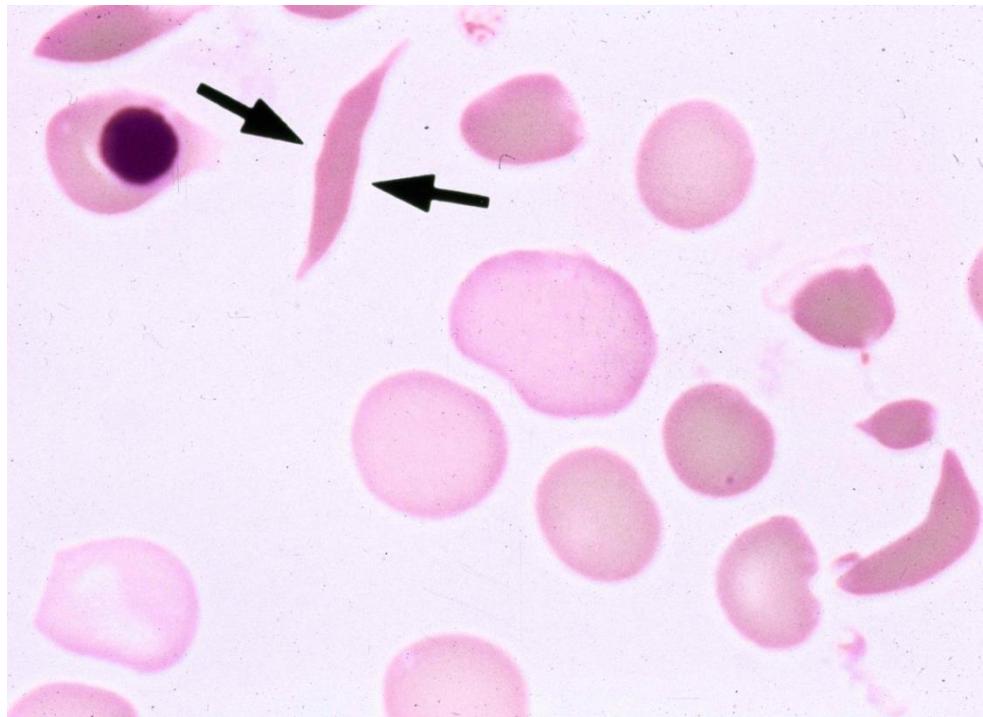
Schistocyte/helmet cells

- Fragmented (mechanical or phagocytosis)
- DIC
- TTP
- HUS
- Vasculitis
- prosthetic heart valve
- severe burns



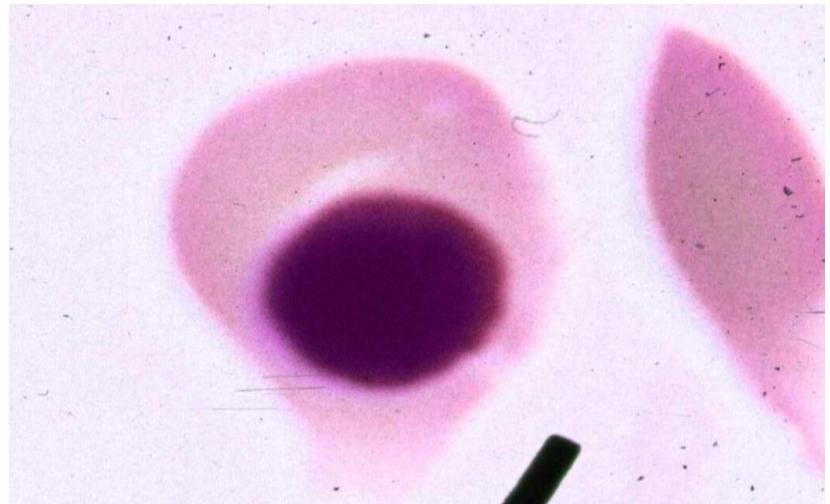
Sickle cells

- Molecular aggregation of Hgb-S
- SS, SC, S-thal
- rarely S-trait



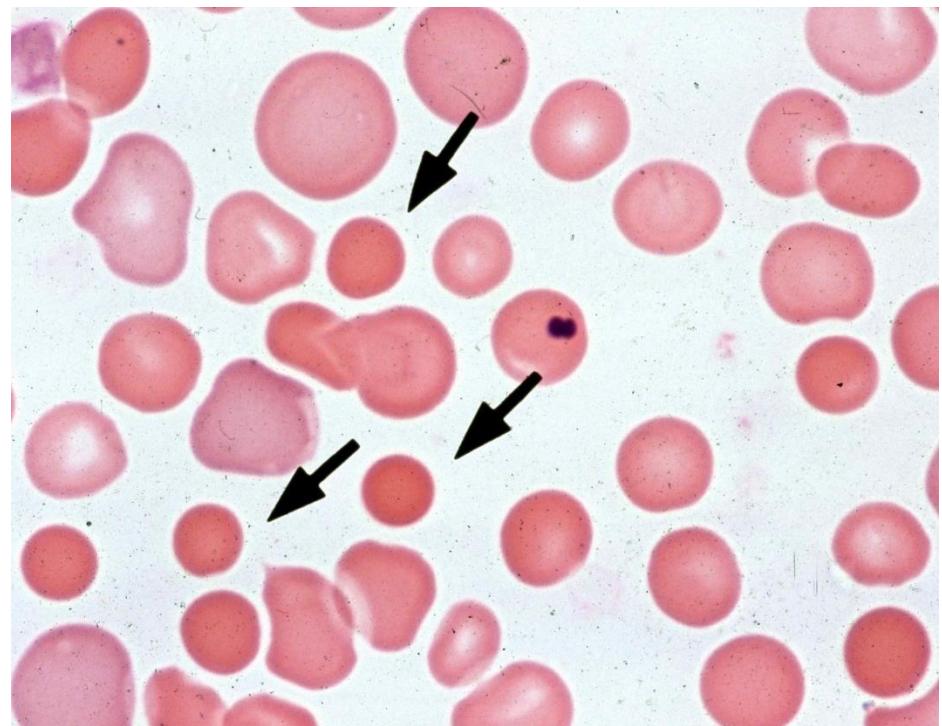
NRBC

- Common in newborn
- severe degree of hemolysis



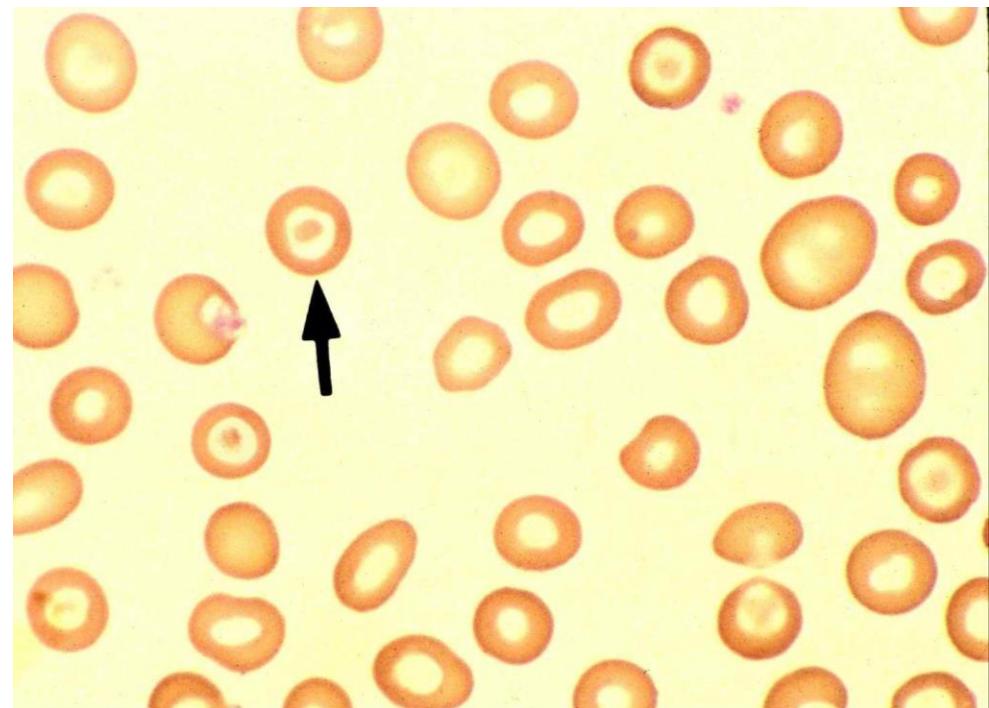
Spherocyte

- Absent central pallor
- look smaller
- Hereditary spherocytosis
- immune hemolytic anemia



Target cells

- Increased redundancy of membrane
- hemoglobinopathies
- Thalassemia
- liver disease



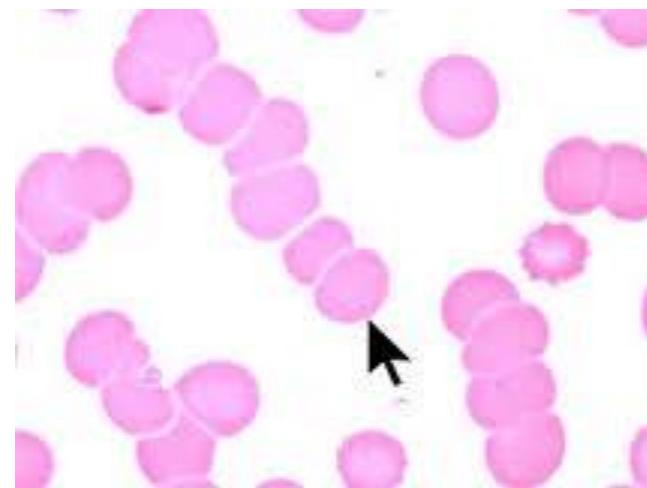
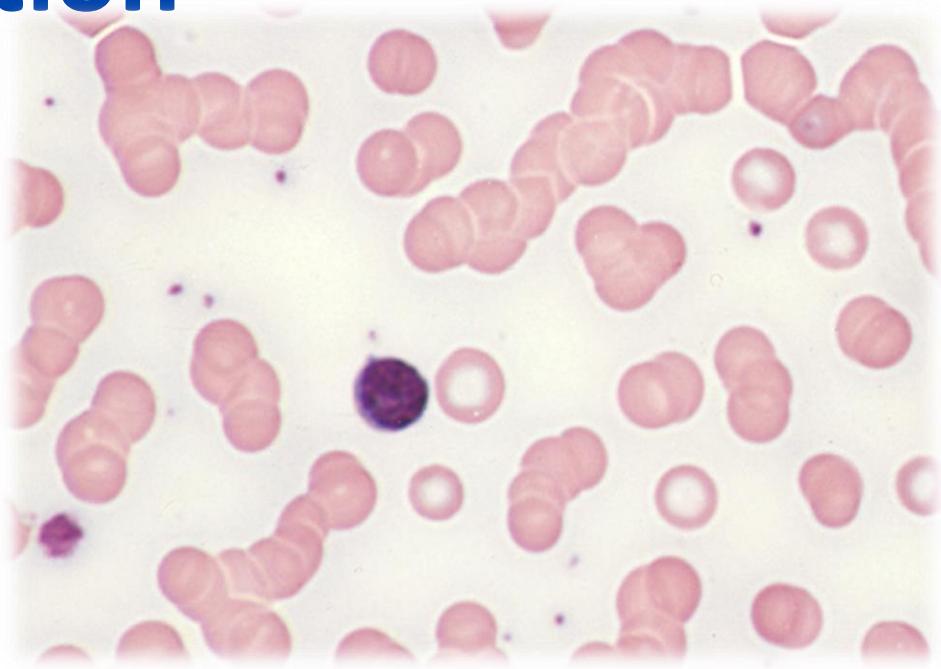
Tear drop cells

- Distorted drop shaped
- Smear artifact
- myelofibrosis
- promyeloblastic leukemia
- space occupying lesions of marrow

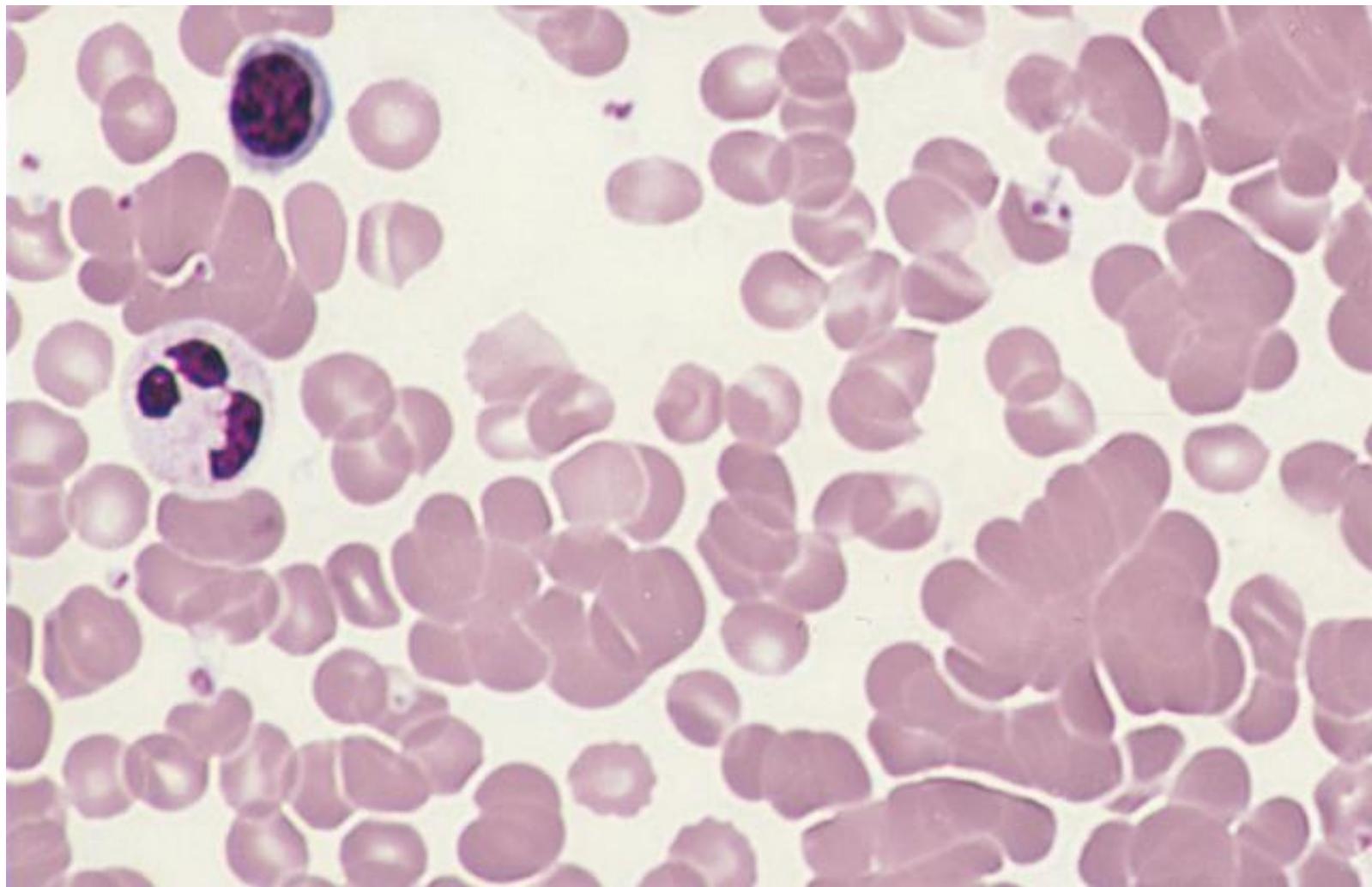


Rouleaux formation

- Increased serum protein levels
- Multiple myeloma

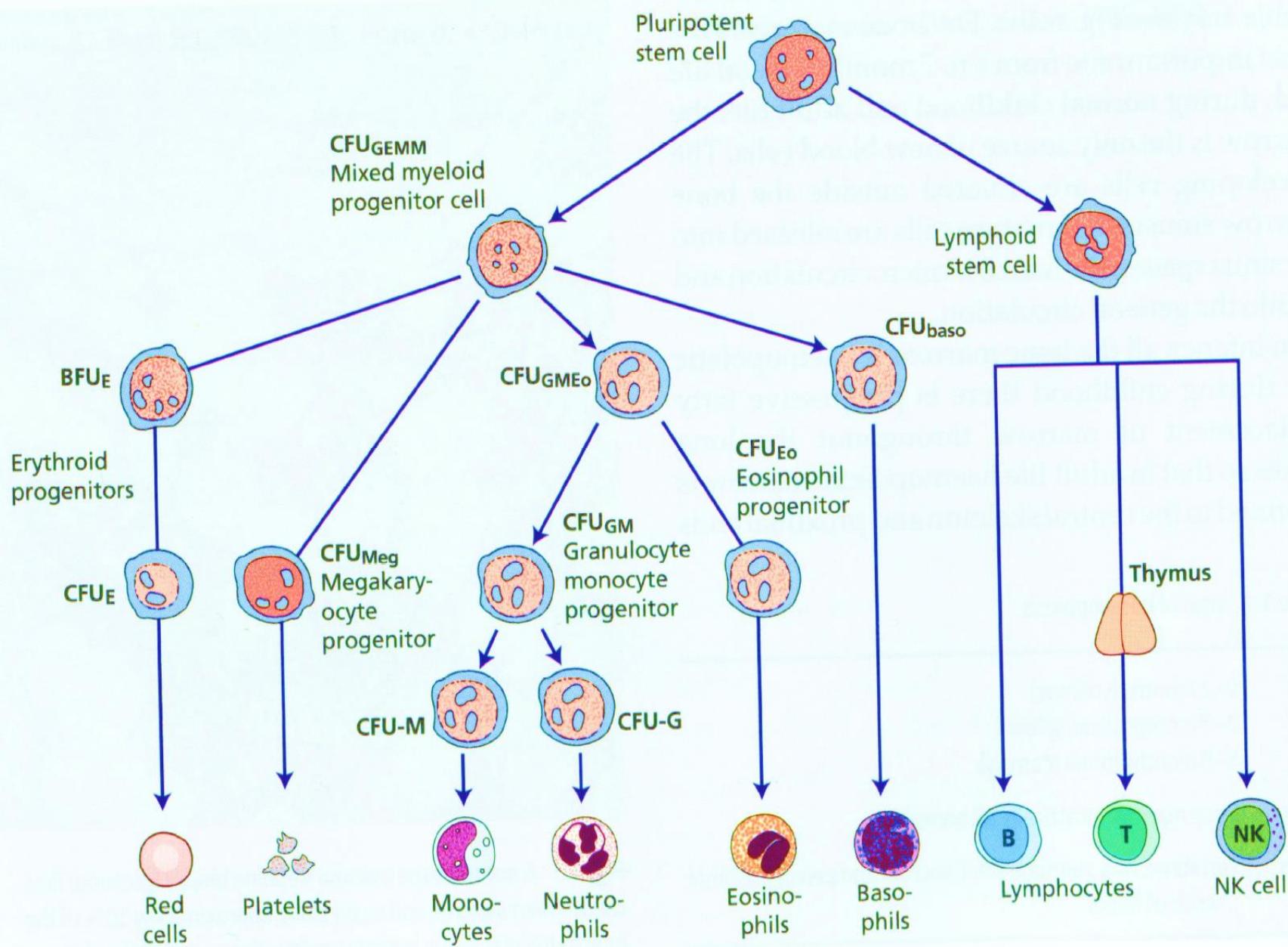


Red cell Agglutination



WBC series

- Granulocytes
 - Neutrophil
 - Eosinophil
 - Basophil
- Monocyte
- Lymphocyte
 - T cell, B cell
- Neutrophil
 - Blast
 - Promyelocyte
 - Myelocyte
 - Metamyelocyte
 - Band
 - Segment

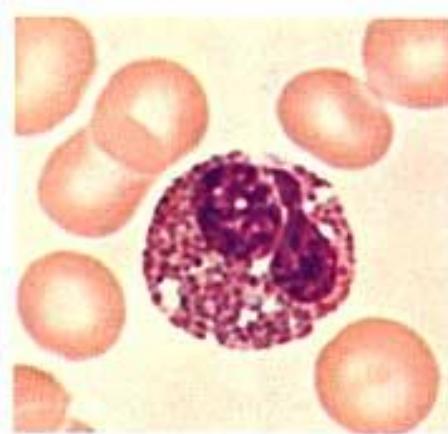


血球成熟之變化

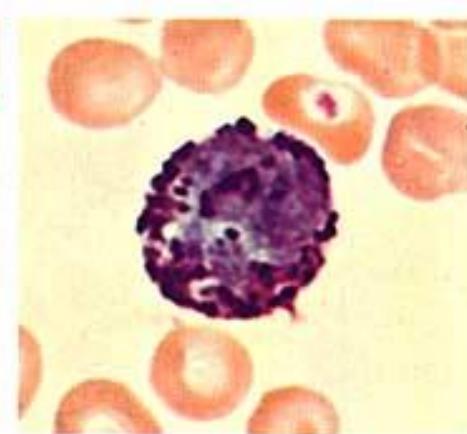
性質	成熟之變化
細胞大小	大→小(megakaryoblast除外)
細胞質量	少→多
顏色	深藍→淡藍→橘紅(如RBC)
顆粒	多→少或消失
細胞核	圓，卵圓→內凹，變小→分葉→消失
染色質	細→粗
顏色	紅紫→藍紫
核/質比	比例減少



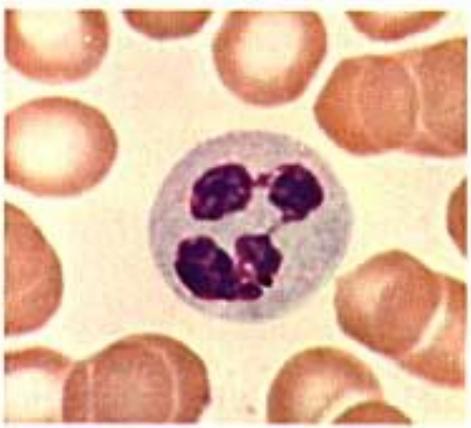
A



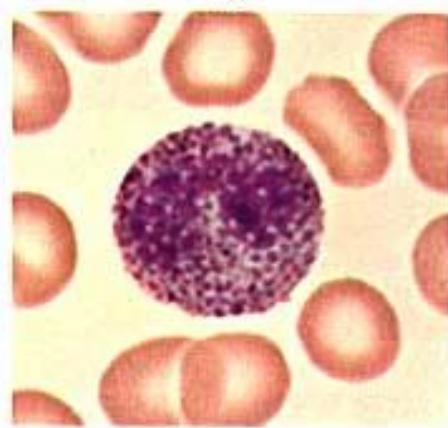
B



C



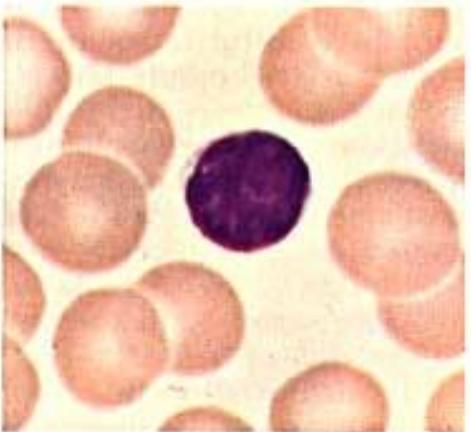
D



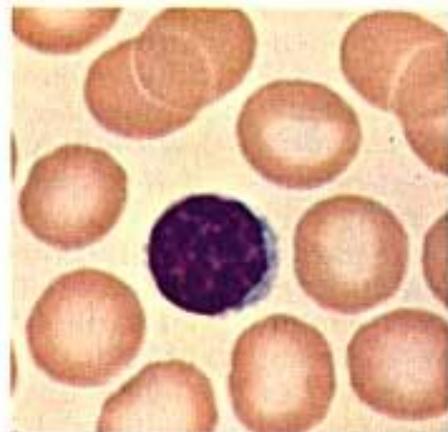
E



F



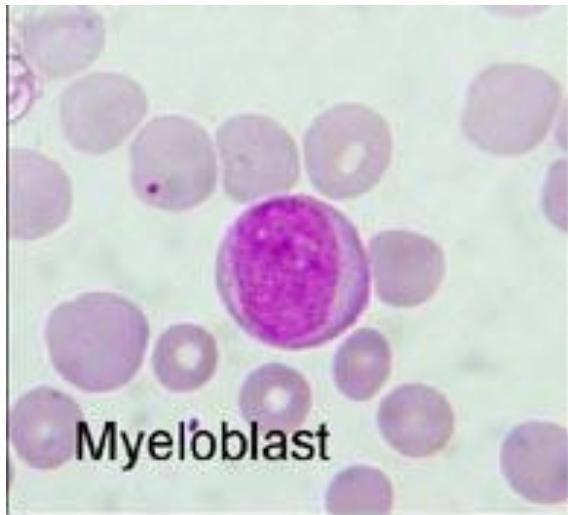
G



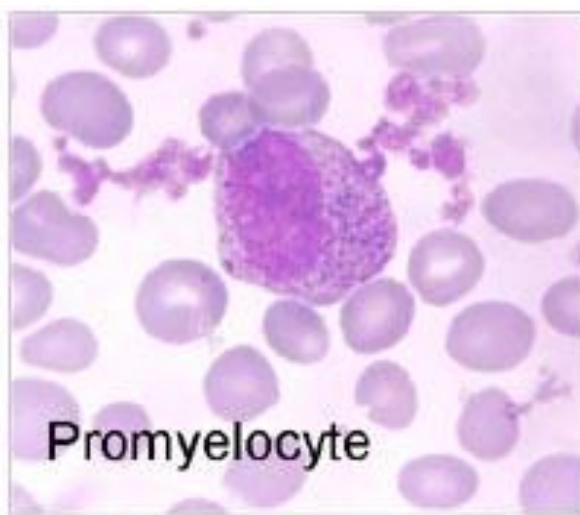
H



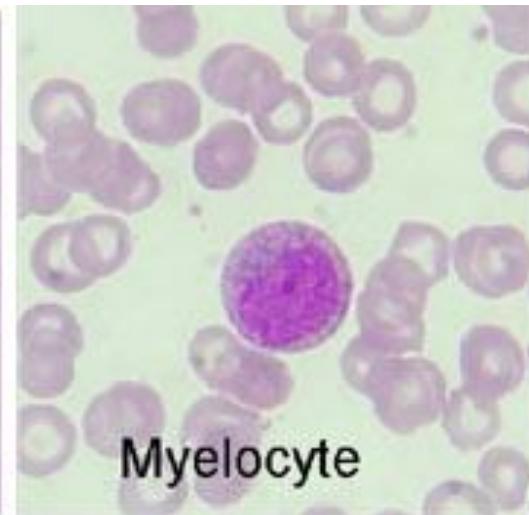
I



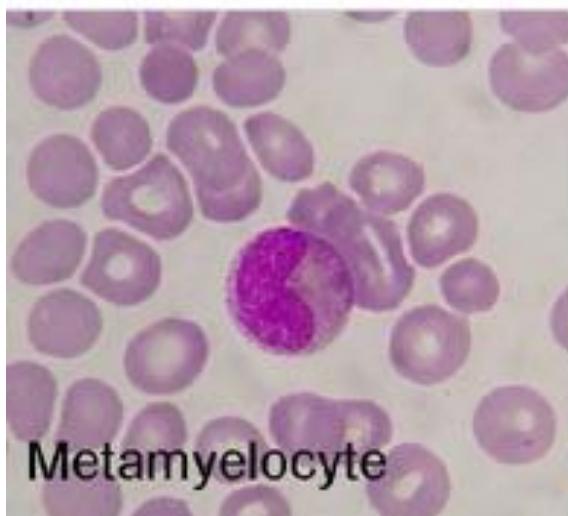
Myeloblast



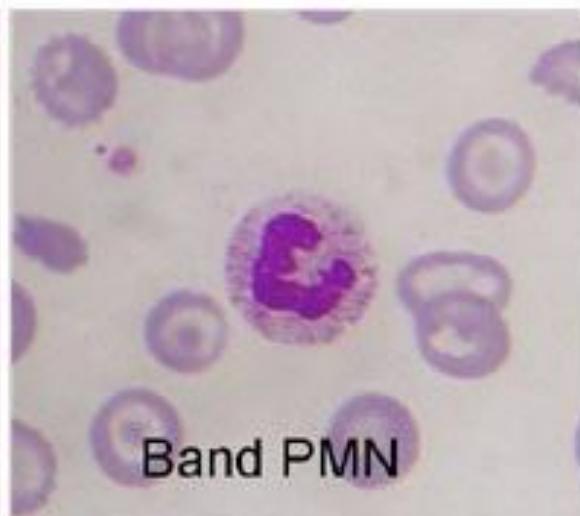
Promyelocyte



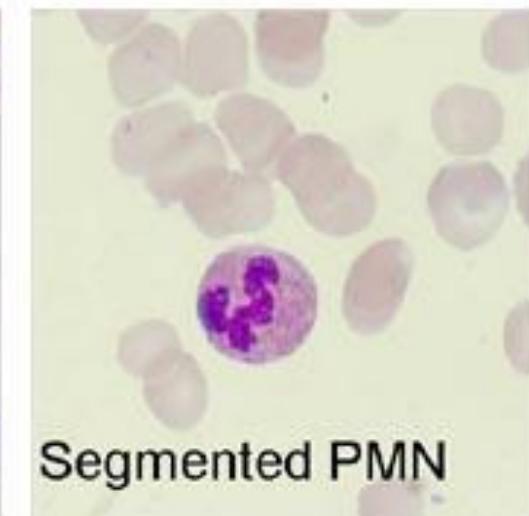
Myelocyte



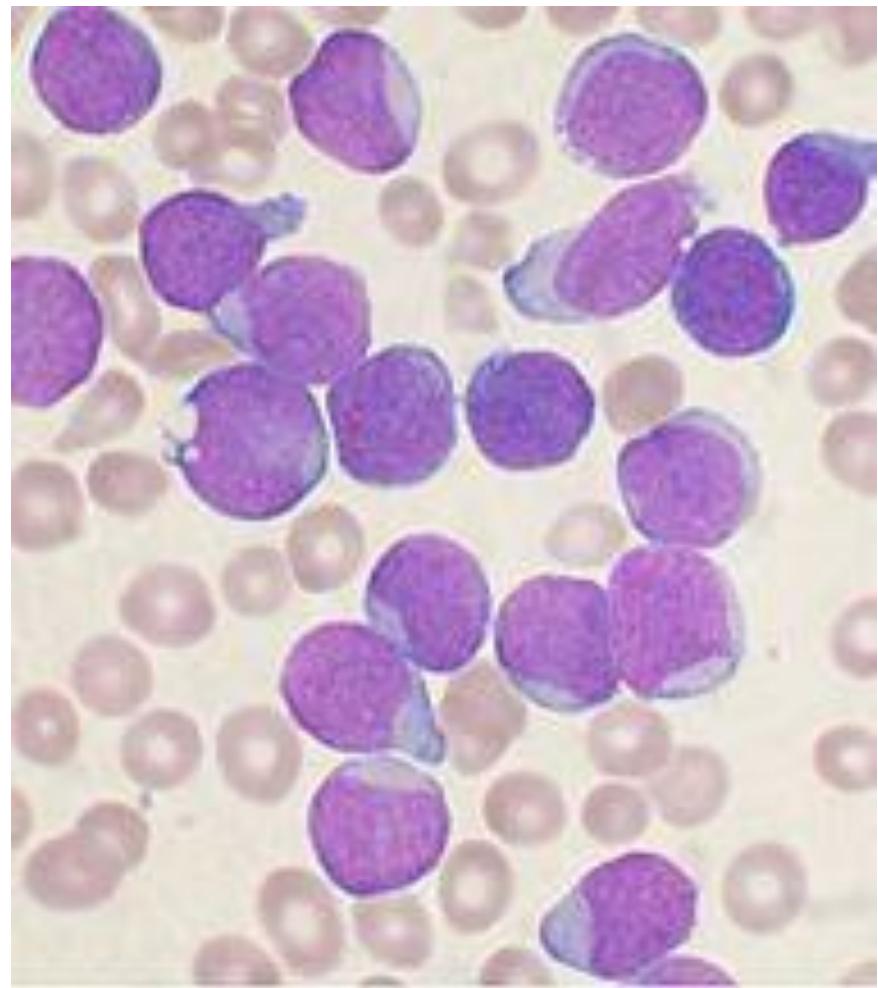
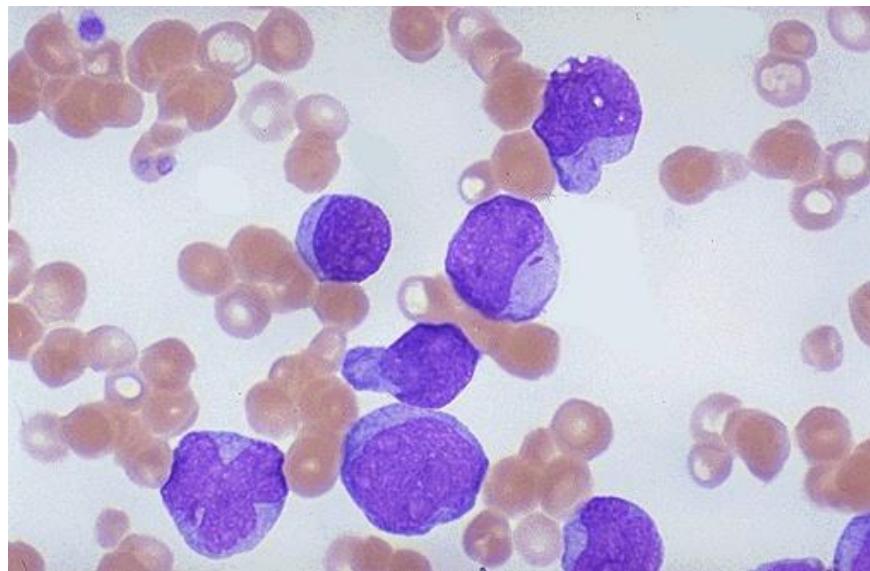
Metamyelocyte



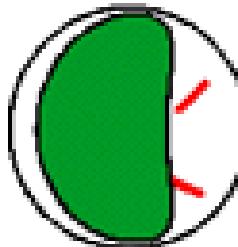
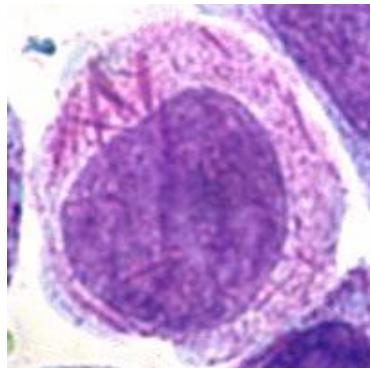
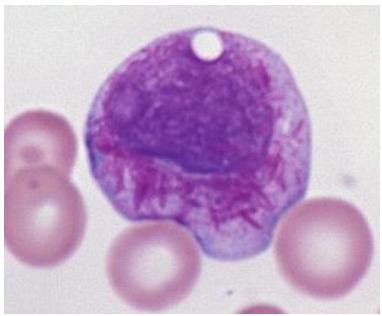
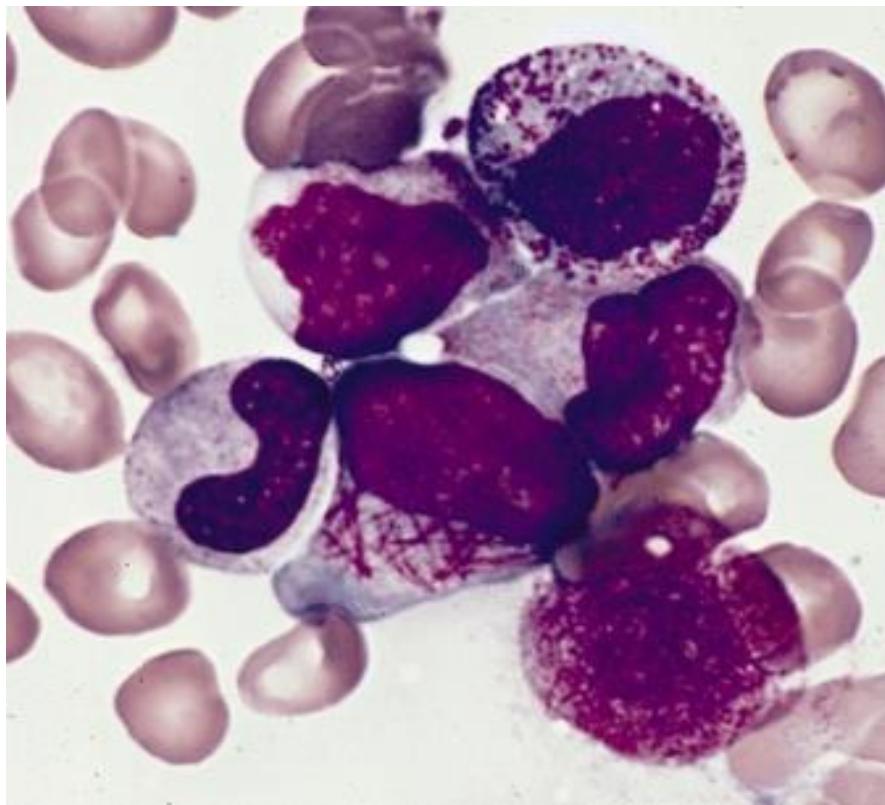
Band PMN



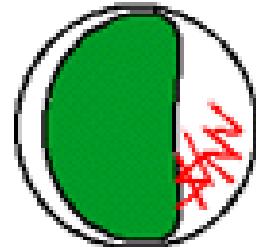
Segmented PMN



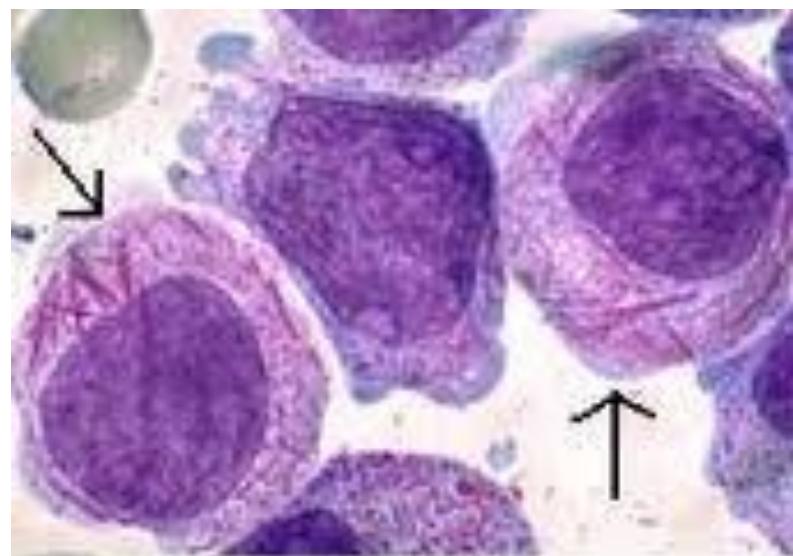
Faggot cell



Auer Rods



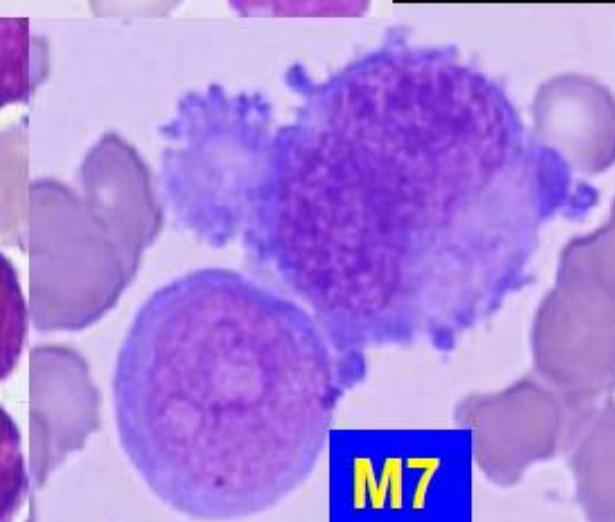
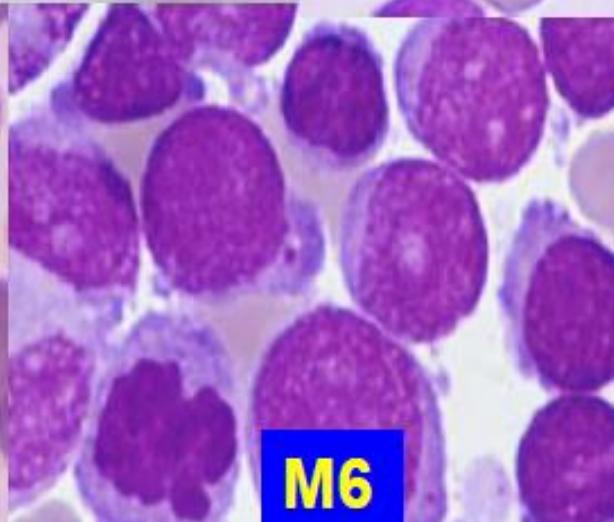
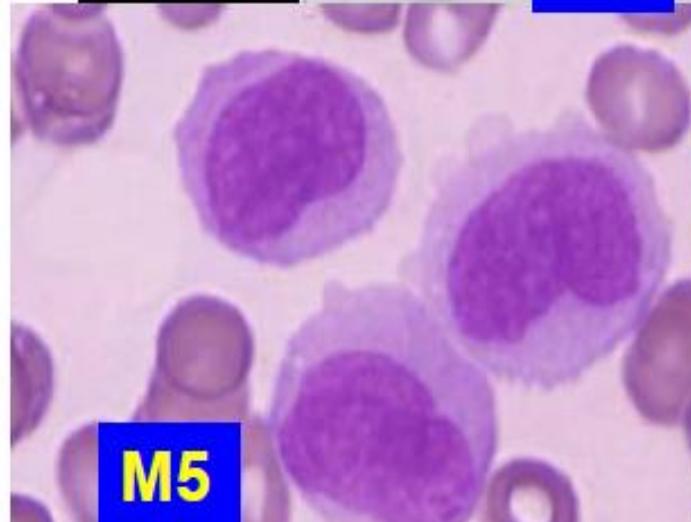
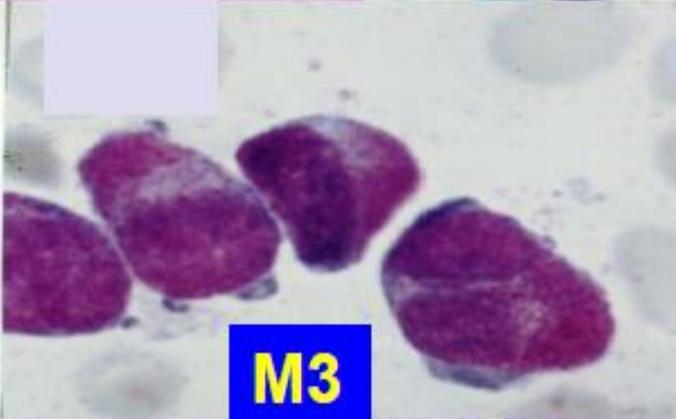
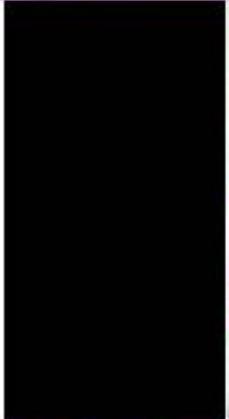
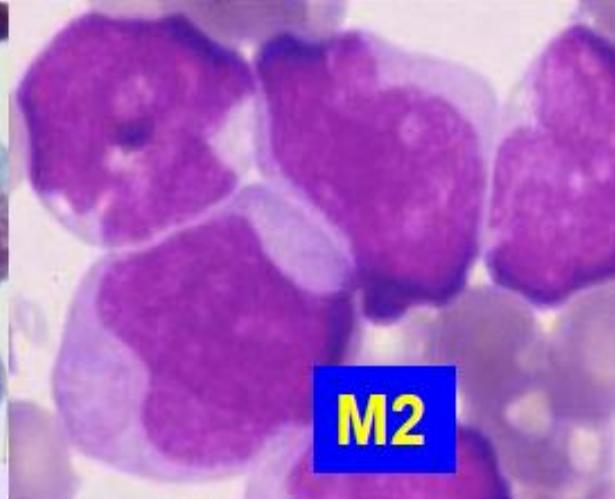
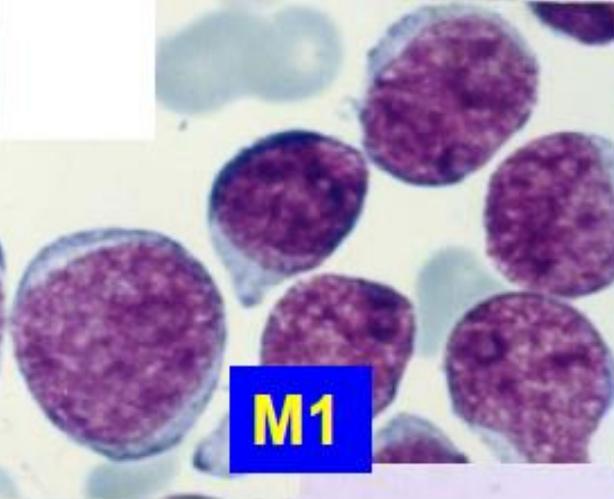
Faggot Cells



Acute leukemia

- Acute myeloblastic
- Acute lymphoblastic
- Blast>20% in bone marrow
- Tx:
 - Chemotherapy
 - Stem cell transplantation





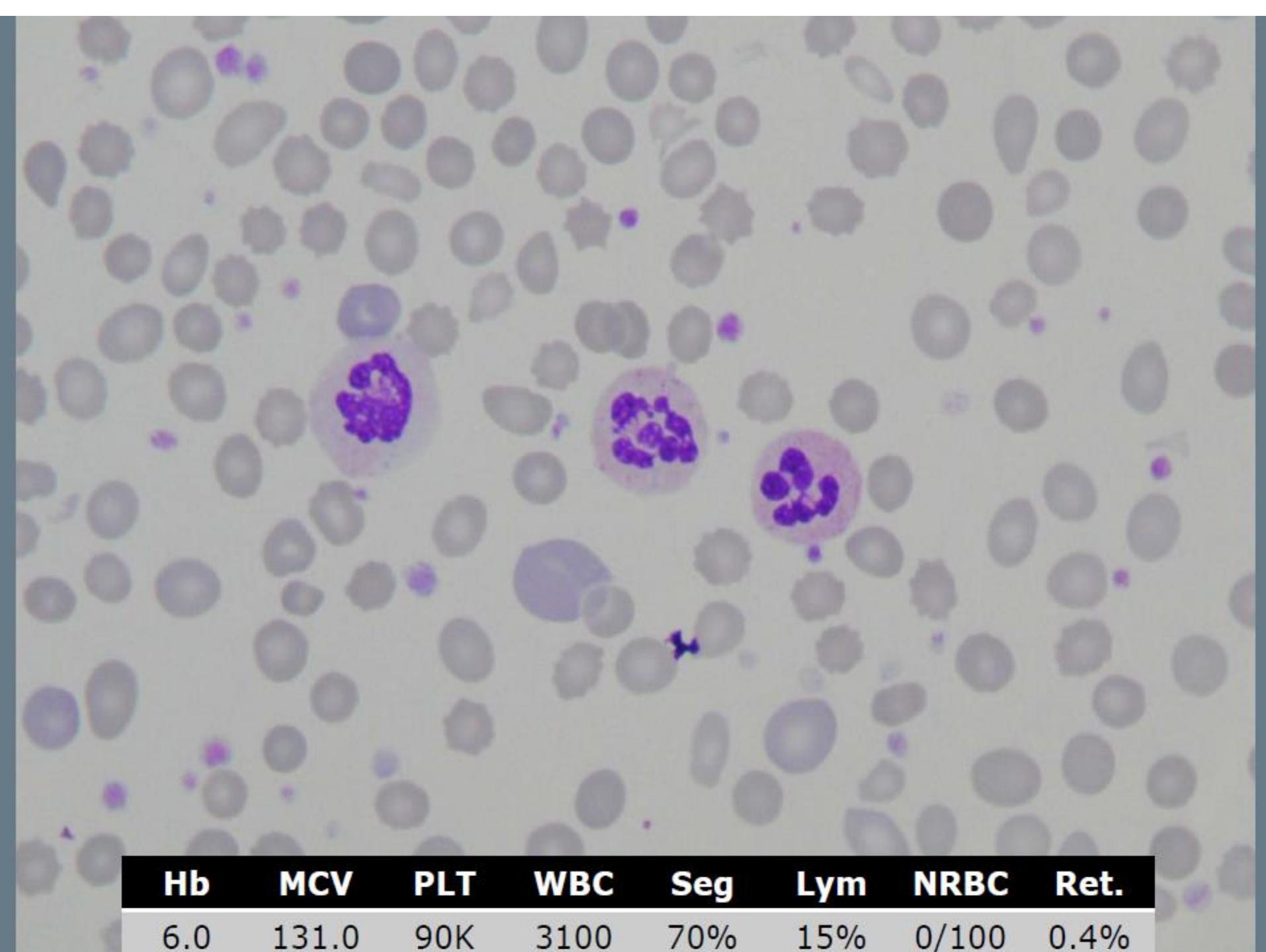
有獎徵答

<u>47 v/o F</u>	6/25	8/6	
WBC	4.70	5.80	1000/cmm
RBC	3.54	4.42	Milon/cmm
Hb	6.0	11.4	Gm%
Hct	23.8	39.8	%
MCV	67.2	90.0	FL
MCH	16.9	25.8	PG/cell
MCHC	25.2	28.6	G/dL
Platelet	44.3	23.8	10000/cmm
RDW-SD	43.8	----	FL
RDW-CV	17.7	----	%
Ret	0.7		%
MCV/RBC	18.9	20.4	

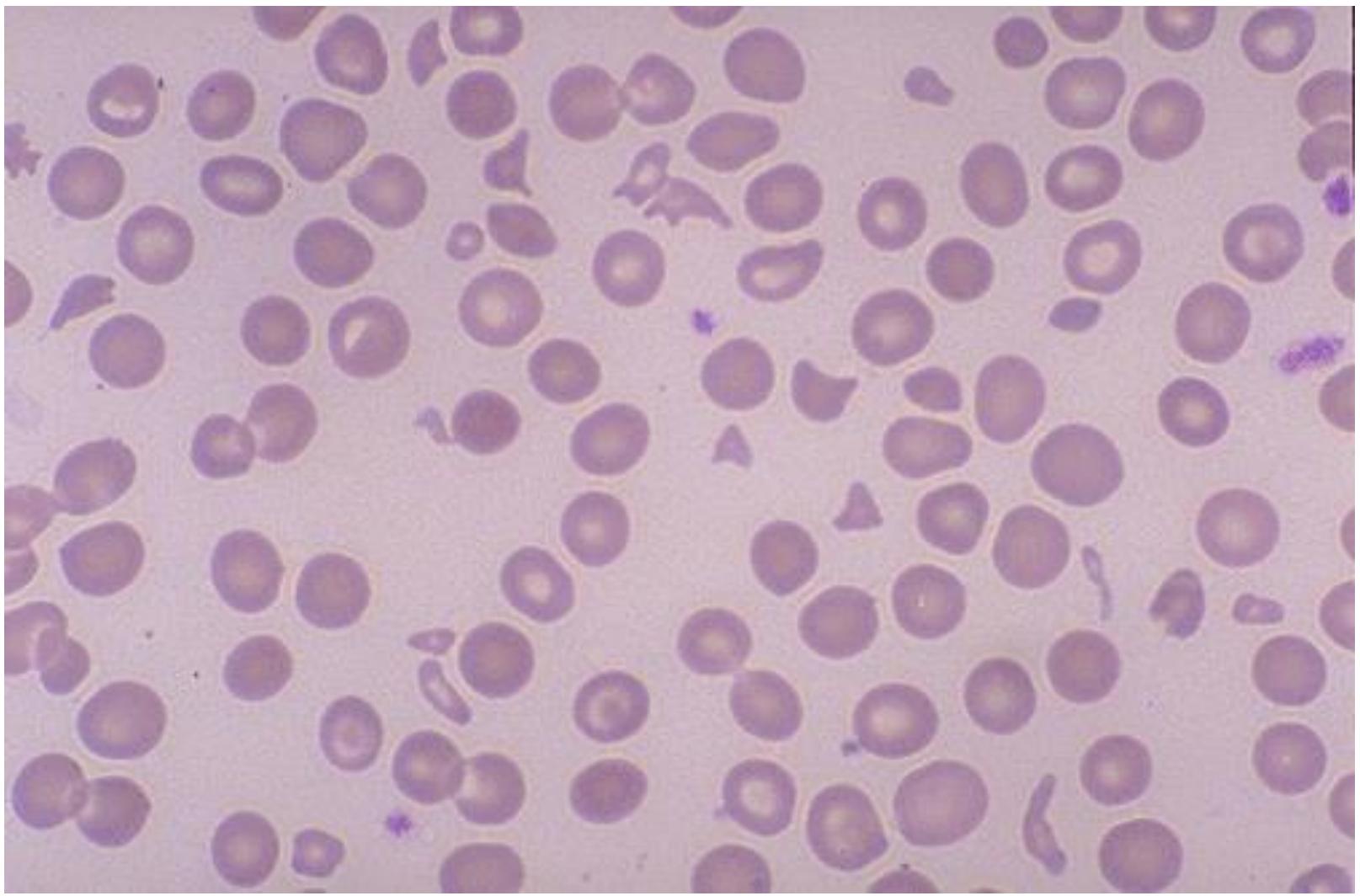
IDA

37 y/o F

	6/16	7/14	8/11	
WBC	4.20	5.50	6.90	1000/cmm
RBC	2.34	3.35	4.23	Milon/cmm
Hb	3.5	7.1	10.4	Gm%
Hct	14.6	24.2	33.2	%
MCV	62.4	72.1	78.5	FL
MCH	15.0	21.2	24.7	PG/cell
MCHC	24.0	29.3	31.4	G/dL
Platelet	29.8	34.1	35.0	10000/cmm
RDW-SD	44.2	----	----	FL
RDW-CV	19.7	32.7	26.3	%
Ret	1.2			%
Fe/TIBC	13/531		196/399	ug%



Hb	MCV	PLT	WBC	Seg	Lym	NRBC	Ret.
6.0	131.0	90K	3100	70%	15%	0/100	0.4%



Leukoerythroblastosis

檢驗項目	檢驗值	單位
WBC	7.7	1000/CMM
RBC	2.90	MILON/CMM
HGB	8.3	g/dL
HCT	25.9	%
MCV	89.3	fL
MCH	28.6	pg/Cell
MCHC	32.0	g/dL
RDW-SD	58.7	%
PLATELET	3.5	10000/CMM
RDW-CV	18.5	%
N-RBC	5	%
BLAST	2	%
MYELOCYTE	4	%
META-MYELO	2	%
SEGMENT	68	%
BAND	4	%
LYMPHOCYTE	18	%
MONOCYTE	1	%
BASOPHIL	1	%

- Immature RBC (nucleated RBC) and myeloid cells in peripheral blood
- Causes
 - Bone marrow disorders :
 - Infiltrative disorders or hematologic malignancy
 - Peripheral disorders :
 - Severe infection, major stress or operation, acute blood loss

Pancytopenia with macrocytic anemia

檢驗項目	檢驗值	單位
WBC	3.7	1000/CMM
RBC	1.58	MILON/CMM
HGB	5.7	g/dL
HCT	18.2	%
MCV	115.2	fL
MCH	36.1	pg/Cell
MCHC	31.3	g/dL
RDW-SD	127.2	%
PLATELET	8.0	10000/CMM
RDW-CV	30.6	%
N-RBC	1	%
AT-LYMPHO	5	%
SEGMENT	42	%
BAND	2	%
LYMPHOCYTE	45	%
MONOCYTE	5	%
EOSINOPHIL	1	%

- Causes
 - megaloblastic anemia
 - aplastic anemia
 - acute leukemia
 - myelodysplastic syndrome
 - chronic liver disease (esp. liver cirrhosis)
- Work-up
 - Serum VitB12 & folic acid
 - reticulocytes
 - bone marrow study

Macrocytic anemia with unmeasurable RBC

檢驗項目	檢驗值	單位
WBC	8.0	1000/CMM
RBC	0.0	MILON/CMM
HGB	5.0	g/dL
HCT	0.0	%
MCV	127.7	FL
MCH	60.2	pg/Cell
MCHC	47.2	g/dL
RDW-SD	87.5	%
PLATELET	5.4	10000/CMM
RDW-CV	24.1	%
SEGMENT	61.9	%
LYMPHOCYTE	26.5	%
MONOCYTE	10.5	%
EOSINOPHIL	0.8	%
BASOPHIL	0.3	%

- RBC & Hct : unmeasurable → RBC agglutination
- Causes : autoimmune hemolytic anemia, mixed type or cold type
- Work-up
 - peripheral blood smear
 - serum bilirubin (T/D), AST, LDH, haptoglobin, urine analysis, reticulocytes
 - Coombs' test (direct and indirect)
 - ANA, VDRL, cold hemagglutinin antibody

THANKS