

ANEMIAS

MICROCYTIC MCV < 80 fL

NORMOCYTIC MCV 80-100 fL

MACROCYTIC MCV > 100 fL

Hemoglobin Defects

Defective Heme Synthesis

STRIKING RBC VARIATION
IRON DEFICIENCY (late)
 Dx: ↓iron, ↑TIBC, ↓ferritin
 Sx: glossitis, cheilosis, Plummer-Vinson (anemia, esophageal webs)
 some ↓B12

LEAD POISONING
 lead → ferrochelatase, ALA D
 → ↓ heme, ↑ RBC protoporphyrin
 Tx: Dimercaprol (EDTA), succimer
 *Biosynthetic shunting

SIDEROBlastic ANEMIA
 ↑iron, ↓TIBC, ↑ferritin
 * Prussian blue mitochondria
 Tx: Pyridoxine (B6)

ANEMIA of CHRONIC DISEASE
 Tx: underlying cause, EPO
 blood transfusions

Defective Globin Chain

α-THALASSEMIA
 AFR
 αα - minima (α-globin)
 αα - minor
 αα - HbH → β4
 - - - Barts (deaths)

β-THALASSEMIA MED
 mut → ↓β-globin
 anisopoikilocytosis, "crew-cut", skull x-ray, "chipmunk" facies

Non-Hemolytic

reticulocytes ≤ 2%

IRON DEFICIENCY (EARLY)

Bone marrow: no blue cells
 (Prussian) iron granules
 Sx: pallor, Pica, Koilonychia (spoon nails)
 Tx: ferrous sulfate + vit C

ANEMIA OF CHRONIC DISEASE

Labs: ↓iron, ↓TIBC, ↑ferritin
 Inflammation → ↑hepcidin
 Associations: RA, SLE, neoplasms, CKD

APLASTIC ANEMIA

pancytopenia + low blasts
 hypocellular bone marrow
 fat in bone marrow
 Sx: bleed/bruising, fatigue, if no culture for infections
 Tx: immunosupp, alloSCT if <40

CHRONIC KIDNEY DISEASE

see Anemia of Chronic Disease shown above
 LOW EPO → Low RBCs

Hemolytic

reticulocytes > 2%

Intrinsic

Membrane Defects
 galstones, AUT DOM
HEREDITARY SPHEROCYTOSIS
 small round RBCs, jaundice
 ↑ osmotic fragility, spleen in central pallor (CMHC)
 Tx: splenectomy
 Dx: microspherocytes

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA
 C3d + intravascular RBC lysis
 Associations: untreated syphilis, acute leukemia, aplastic anemia
 Dx: hemoglobinuria, post-donovan-Landsteiner Test

Enzyme Deficiencies
 AFR
 X-linked, REC
G6PD DEFICIENCY
 → ↓ glutathione → ↓ NADPH
 → RBCs prone to oxidative stress
 Sulf drugs, fava, stress, aminoglycosides
 Heinz bodies, bite cells
 Back pain, hemoglobinuria, hemolysis

PYRUVATE KINASE DEFICIENCY AUT REC
 → ↓ ATP → Rigid RBCs
 → extravascular hemolysis
 → ↑ 2,3-BPG → ↓ O2 affinity
 * hemolytic anemia in newborn

Extrinsic

AUTOIMMUNE
 Warm (IgG+) - chronic
 ↓ drugs e.g. methyldopa, SLE, CLL, Rh
 Cold (IgM, C3d+) - acute
 ← mycoplasma pneumoniae, Coxsackie cell wall antigens, CLL
 Tx: Folate, glucocorticoids, Splenectomy, rituximab
 PCH, spher, DIT

MICROANGIOPATHIC
 RBCs damaged when passing through obstructed/narrow vessel lumens → schistocytes ("helmet cells")
 ← e.g. DIC, TTP/HUS, SLE, HELLP, ↑↑ BPT!

MACROANGIOPATHIC
 mechanical destruction of RBCs due to aortic stenosis or mechanical heart valves
 schistocytes on peripheral blood smear

INFECTIONS
 ↑ oxidative stress
 ↑ destruction of RBCs (e.g. malaria, Babesia)

Hemo globinopathies

SICKLE CELL ANEMIA
 AUT REC
 HbS point mut GLU → VAL
 in β chain → hemolysis (both) deox Hbs polymerizes → sickle "crew cut" skull x-ray, cells
 Dx: hemoglobin electrophoresis
 Tx: hydroxyurea, hydration

HbC DISEASE
 in β chain → extra vascular hemolysis
 Lab: hemoglobin crystals target cells

Risks:
 - autosplenectomy
 - splenic sequestration
 - encapsulating infections
 - vaso-occlusive crisis
 → priapism, dactylitis, acute chest syndrome, avascular necrosis, stroke
 * HbSC (one of each mut) = milder than HbSS

* low reticulocytes
 * Cancers can also metastasize to bone marrow
 * infections, e.g. fungal can directly invade bone marrow

Megaloblastic

Defective DNA Synthesis

FOLATE DEFICIENCY
 ↑ homocysteine only
 NO neurologic Sx
 Causes: malnutrition/alcoholism, pregnancy, hemolytic anemia, drugs (methotrexate, trimethoprim, phenytoin)

VITAMIN B12 DEFICIENCY
 ↑ homocysteine, ↑ MMA
 ↓ veganism, tapeworm, gastritis, Crohn's, pernicious anemia
 Dx: Schilling test
 Neuros: demyelination, subacute combined degeneration

OROTIC ACIDURIA REC
 orotic acid
 ↓ UTP → UMP
 ↓ UMP → Uridylate
 Failure to thrive, delayed mg. anemia refractory to folate/B12
 NO hyperammonemia
 Dx: orotic acid in urine
 Tx: UMP etc bypass bad enzyme

Non-Megaloblastic

DIAMOND-BLACKFAN ANEMIA
 intrinsic defect in erythroid progenitor cells
 → rapid anemia < 1 yo
 ↑ HbF but ↓ total Hb
 Sx: short stature, Abn face, VE abn (e.g. tri-phal thumb)

LIVER DISEASE
 sequester RBCs & platelets → splenomegaly
 Liver plays important role in lipid synthesis for cell membranes (including RBCs)

ALCOHOLISM
 EtOH causes marrow suppression (mechanism unknown)
 ALSO: → liver disease → folate/B12 deficiency

DEFECTIVE DNA Repair

FANCONI ANEMIA REC
 also depicted as nonhemolytic normocytic as a sub of Aplastic Anemia
 ← DNA crosslink repair defect
 Sx: short stature, hypo-hyperpigment, café-au-lait spots, thumb/radial defects
 Labs: pancytopenia
 → ↑ incidence of tumors/leukemia
 Note: this is NOT Fanconi Syndrome

* low reticulocytes
 * DNA synthesis NOT impaired
 * RBC macrocytosis WITHOUT hypersegmented PMNs

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* sore, smooth tongue, grey hair, pigmentation
 * RBC macrocytosis, hypersegmented neutrophils

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