Anemia
Kristine Krafts, M.D.
Anemia Outline

- Background facts about blood
- Anemia: general information
- Anemia: specific types
Anemia Outline

• Background facts about blood
Normal blood cells
Complete Blood Count (CBC)

- RBC
- Hemoglobin
- Hematocrit
Complete Blood Count (CBC)

MCV
- microcytic
- normocytic
- macrocytic

MCHC
- hypochromic
- normochromic
Additional Red Blood Cell Properties

Size variation

- anisocytosis

Shape

- poikilocytosis
Normal red blood cells
Anemia Outline

- Background facts about blood
- Anemia: general information
An (without) -emia (blood):

a reduction below normal in hemoglobin or red blood cell number.
Symptoms of Anemia

- Pale skin, mucous membranes
- Jaundice (if hemolytic)
- Tachycardia
- Breathlessness
- Dizziness
- Fatigue
Anemia Outline

• Background facts about blood
• Anemia: general information
• Anemia: specific types
Three Ways to Get Anemic

Lose blood

Destroy too much blood
  • Extracorpuscular reasons
  • Intracorpuscular reasons

Make too little blood
  • Too few building blocks
  • Too few erythroblasts
  • Not enough room
Three Ways to Get Anemic

Lose blood
Anemia of Blood Loss

Things you must know

- Cause: traumatic, acute blood loss
- At first, hemoglobin is normal!
- After 2-3 days, see reticulocytes
- Chronic blood loss is different (it causes iron deficiency anemia).
Reticulocytes
Three Ways to Get Anemic

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  • Extracorpuscular reasons
  • Intracorpuscular reasons
Hemolytic Anemias

- Intracorpuscular vs. extracorpuscular
- Chronic vs. acute
- Signs of destruction: ↑ bilirubin, ↑ LDH, ↓ haptoglobin
- Signs of production: ↑ reticulocytes, nucleated red cells in blood
Reticulocytes (supravital stain)
Three Ways to Get Anemic

Lose blood

Destroy too much blood
  • Extracorpusscular reasons
Microangiopathic Hemolytic Anemia

Things You Must Know

- Physical trauma to red cells
- Schistocytes
- Find out why!
Red cells snagged on fibrin strand
Schistocytes
Triangulocyte
Causes of MAHA

- Artificial heart valve
- Malignancy
- Obstetric complications
- Sepsis
- Trauma
Autoimmune Hemolytic Anemia

Things You Must Know

- Warm AIHA
  - IgG
  - Spleen
  - Spherocytes

- Cold AIHA
  - IgM, complement
  - Intravascular hemolysis
  - Agglutination
Warm AIHA

- Red Cell
- Macrophage
- Spherocyte
Warm AIHA
Cold AIHA
Cold AIHA
patient red cells + AHG = agglutination

Direct antiglobulin test (DAT)
Three Ways to Get Anemic

Lose blood

Destroy too much blood
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  • Intracorpusscular reasons
Sickle Cell Anemia

Things You Must Know

- Hemoglobinopathy (qualitative defect in hemoglobin)
- Single amino acid substitution in beta chain of hemoglobin
- Can be heterozygous or homozygous
- Sickle cells are nasty:
  - Fragile (burst easily)
  - Get stuck in vessels
Hemoglobin
Point mutation in $\beta$ chain gene

\[ \Downarrow \]

abnormal $\beta$ chains

(substitution of valine for glutamate)

\[ \Downarrow \]

Hgb S

Nasty!

Aggregates and polymerizes on deoxygenation

Red cell becomes sickle shaped

Sickles clog up vessels...

...plus, they are fragile
Sickle cell anemia
Sickle cell anemia: foot lesion
Sickle cell anemia: spleen

Note the "sickled" appearance of the RBC's in the vessels and sinusoids.
Clinical Findings in Sickle Cell Anemia

- Blacks (8% are heterozygous)
- Severity of disease is variable
- Chronic hemolysis, vaso-occlusive disease, and ↑ infections (autosplenectomy)
- Treatment: prevent triggers, vaccinate, transfuse
Thalassemia

Things You Must Know

• Quantitative defect in hemoglobin
• Can’t make enough α or β chains
• Variable disease severity
• Hypochromic, microcytic anemia with increased RBC and target cells
Hemoglobin chain development

Hgb F = $\alpha_2\gamma_2$
Hgb $A_2 = \alpha_2\delta_2$
Hgb $A = \alpha_2\beta_2$

Hemoglobin chain development
Thalassemia: Medullary expansion
Hereditary Spherocytosis

Things You Must Know

- Tons of spherocytes
- Spectrin defect
- Splenectomy is curative
Hereditary spherocytosis
Splenomegaly in hereditary spherocytosis
Glucose-6-Phosphate Dehydrogenase Deficiency

Things You Must Know

- ↓ G6PD → ↑ peroxides → cell lysis
- Oxidant exposure
- Bite cells (removal of Heinz bodies)
- Self-limiting
Clinical Findings in G6PD Deficiency

- Some patients asymptomatic
- Others have episodic hemolysis
- Triggers: broad beans (favism), drugs (antibiotics, aspirin)
- Spontaneous resolution
Child with G6PD deficiency: jaundiced sclera
Why Do G6PD-Deficient Red Cells Die?

- They can’t reduce nasties
- Nasties attack hemoglobin bonds
- Heme breaks away from globin
- Globin denatures, sticks to red cell membrane (“Heinz body”)
- Spleen bites out Heinz bodies
G6PD deficiency: Heinz bodies
G6PD deficiency: bite cells
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Iron-Deficiency Anemia

Things You Must Know

• Most important cause: GI bleeding
• Microcytic, hypochromic anemia
• Must find out why patient is iron deficient!
Iron-deficiency anemia
Atrophic glossitis in iron-deficiency anemia
Koilonychia in iron-deficiency anemia
Causes of Iron Deficiency

- Decreased iron intake
  - bad diet
  - bad absorption

- Increased iron loss
  - GI bleed
  - menses
  - hemorrhage

- Increased iron requirement
  - pregnancy
Anemia of Chronic Disease

Things You Must Know

- Infections, inflammation, malignancy
- Iron metabolism disturbed
- Normochromic, normocytic anemia
- Anemia usually mild
Megaloblastic Anemia

Things You Must Know

- Defective DNA synthesis
- Nuclear/cytoplasmic asynchrony
- $\downarrow B_{12}$/folate
- Macrocytic anemia with oval macrocytes and hypersegmented neutrophils
Need $B_{12}$ to make DNA!
Megaloblastic Anemia

- retarded DNA synthesis
- unimpaired RNA synthesis

BIG cells!
- immature nucleus
- mature cytoplasm
Megaloblastic anemia
Megaloblastic anemia
Atrophic glossitis in megaloblastic anemia
What else is $B_{12}$ good for?

- homocysteine
  - homocysteine
  - endothelial damage
    - atherosclerosis
    - thrombosis

- methionine
  - methionine
  - myelin damage
    - subacute combined degeneration
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Aplastic Anemia

Things You Must Know

- Pancytopenia
- Empty marrow
- Most are idiopathic
Empty bone marrow in aplastic anemia
Empty bone marrow in aplastic anemia
Causes of Aplastic Anemia

- Idiopathic
- Drugs
- Viruses
- Pregnancy
- Fanconi anemia
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Bone marrow full of fibrosis