

Immunohematology Case Studies 2016 - #4

Dr. Ankit Mathur Consultant, Transfusion Medicine ankit@bmstindia.org

Clinical History



A 27 year/ Female

Full term pregnancy

Admitted in Maternity hospital with abdominal pain

& bleeding Per Vagina

Afebrile

Pallor, edema ++

PR: 110/min

BP: 90/60 mm Hg

Further History



No history of Blood transfusion

Obstetric history: Gravida 2 para 1 abortion 0

Hb: 7.4 gm%

Platelet count: 280000/ cmm

Total count: 7600/cmm

OBGY dept requested two units of packed red cell

for transfusion

Current Sample Presentation Data



ABO/Rh: B Positive

DAT: Negative

Antibody Screen Method: Column agglutination

Antibody Screen Results: Positive

Antibody Identification Method: Column

agglutination

Antibody Identification Preliminary Results: Positive

Challenge with the Current Presentation



As common practice in India ABO & Rh typing & Cross match is performed as pre transfusion testing Antibody screening is not performed routinely at most of the blood banks in India

Blood typing & cross match was done by Column agglutination technique

About 10 cross matches were done but found none of the units compatible

Selecting red cell for the bleeding pt became challenge

Antibody detection was started

Panel Sample: Antibody screening



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Panel Sample: Identification



CONCLUSION: Auti-Fy9 & Auti-Jk9



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R1R1 B9117	+	+	0	0	+	0	0	0	+	0	+	0	+	+	0	+	+	0	+	+	+	0	+	0	0	+	0					
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r"r F865	0	0	+	+	+	0	0	0	+	0	+	0	+	0	+	+	+	+	0	+	0	+	+	+	+	+	+	Bg(a+)	_	\perp		
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rr N3031	0	0	+	0	+	0	0	0	+	0	+	0	+	0	+	+	0	0	+	+	+	+	+	0	0	+	+	Co(b+)	_	1		
rr H1180	0	0	+	0	+	0	0	0	+	0	+	0	+	+	0	+	0	+	0	0	0	+	0	+	0	+	+		1			
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Additional cells



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2	R1R1 B5185	+	+	0	0	+	0	0	0	+	0	+	0	+	0	+	+	0	0	0	+	0	+	0	+	0	+	0		1				2
3	R1R1 B9117	+	+	0	0	+	0	0	0	+	0	+	0	+	+	0	+	+	0	+	+	+	0	+	0	0	+	0		1				3
4	R1R1 B9122	+	+	0	0	+	0	0	0	+	0	+	0	+	+	0	0	+	+	0	+	+	0	+	+	0	+	+	Co(b+)	1				4
5	R1R1 B4229	+	+	0	0	+	0	0	+	+	0	+	0	+	0	+	+	+	0	+	+	+	+	0	+	0	+	0	Yt(b+), Co(b+)	1		П		5
6	R2R2 C588	+	0	+	+	C	0	0	0	+	0	+	0	+	+	+	+	+	+	0	+	0	+	+	+	+	+	+		1			~ 4	6
7	R2R2 C5774	+	0	+	+	0	0	0	0	+	0	+	0	+	+	0	0	+	0	+	0	+	+	0	+	0	+	+	The same of	T		П		7
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9	R2R2 C5184	+	0	+	+	C	0	0	0	+	0	+	0	+	+	+	+	+	+	0	0	+	+	0	+	0	+	0						9
10	R1r R2015	+	W	+	0	+	+	0	0	+	0	+	0	+	0	0	+	+	0	0	+	0	+	+	+	0	+	+		T				10
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11	r'r E458	0	+	+	0	+	0	0	+	+	0	+	0	+	+	0	+	0	0	+	0	0	+	0	+	0	+	+		T				11
12	r"r F865	0	0	+	+	+	0	0	0	+	0	+	0	+	0	+	+	+.	+	0	+	0	+	+	+	+	+	+	Bg(a+)	T		19		12
13	rr N4051	0	0	+	0	+	0	0	0	+	0	+	0	+	0	+	0	+	+	0	0	+	0	+	+	0	+	+	E CONTRACTOR	- 1	0		8-12	13
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16	rr H1136	0	0	+	0	+	0	0	0	+	0	+	0	+	+	0	+	0.	0	+	+	+	0	0	+	0	+	+		T				16
17	rr G242	0	0	+	0	+	0	0	7	0	0	+	0	+	+	+	0	+	0	+	+	+	+	+	0	0	+	+		1	0			17
18	rr N3031	0	0	+	0	+	0	0	0	+	0	+	0	+	0	+	+	0	0	+	+	+	+	+	0	0	+	+	Co(b+)		4 -			18
19	rr H1180	0	0	+	0	+	0	0	0	+	0	+	0	+	+	0	+	0	+	0	0	0	+	0	+	0	+	+		1	-		30	19
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Antigen Phenotyping



	С	E	С	е	K	k	Fy ^a	Fy ^b	Le ^a	Le ^b	Jk ^a	Jk ^b	S	S	M	N
Pt	+	0	0	+	0	+	0	+	0	+	0	+	+	+	+	+
Hu sba nd	+	0	0	+	0	+	+	+	0	+	+	+	0	+	0	+

Antibody detected



Antibodies: anti Fy^a & anti Jk^a
Anti K is rule out from cell #17 after Ficin treatment
Anti N & Anti S ruled out since patient found
positive for both the antigens
To find antigen negative blood for the patient
donors phenotyping was started

Donor units tested

Unit ID	Fy ^a	Jk ^a
Rttk C79088	+	+
Rttk C79082	+	0
Rttk C79098	0	+
Rttk C78291	+	0
Rttk C79066	0	+
Rttk C79054	+	+
Rttk C78996	+	0
Rttk C79278	0	+
Rttk C79564	+	0

Donor units tested

Unit ID	Fy ^a	Jk ^a
Rttk C79676	+	+
Rttk C79872	+	0
Rttk C79563	0	+
Rttk C79344	+	0
Rttk C79123	0	+
Rttk C79544	+	+
Rttk C79323	0	0
Rttk C78789	0	+
Rttk C78234	+	0

Interim Antibody Identification Possible Answers and Next Steps



Patient developed two antibodies after exposure from first pregnancy

Antibodies found Fy^a & Jk^a

Unit no Rttk C79323 which was negative for both the antigens selected for transfusion

Updated Clinical Information



Patient underwent LSCS (Lower segment Caesarean section) & it was uneventful Patient received one unit of transfusion & no reaction reported

Hb: 8.1 gm% post delivery

No Jaundice reported in neonate & DAT found negative

Conclusions



Presence of multiple red cell allo antibodies is uncommon phenomenon in Indian population Ante natal antibody screen in not practiced in India routinely

Implementing Antibody screening as ante natal testing will save time of searching compatible blood at the time of bleeding

Conclusions



India doesn't have rare donor registry, therefore blood transfusion for those patients is a challenging task of blood banks

Summary of Case Challenges



Pregnant Female admitted for labor with bleeding Red cell transfusion was requested Most of the available units found incompatible Antibody screen & identification showed presence of Fy^a & Jk^a antibodies

Unit found which is negative to both antigens after typing many red cells

Safe blood transfusion led to safe child birth

Lessons Learned by the Case



Emergency blood transfusion in allo immunized patients is a challenge

It is suggested to screen all the pregnant females for red cell antibodies so that the appropriate units can be arranged in advance

There is a need to develop a Rare blood donor panel so that the allo immunized patients with multiple antibodies & common antibodies can receive safe blood transfusion

References



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