

C16. THE ROLE OF THE MULTIDISCIPLINARY TEAM IN THE MANAGEMENT OF PATIENTS WITH AIHA

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Introduction Autoimmune hemolytic anemias are a group of diseases characterized by the presence of autoantibodies that bind on patient's self red cells leading to their premature destruction. When hemolysis exceeds the BM ability to compensate erythrocyte mass destruction, anemia occurs. Although AIHA is relatively rare in children, it may begin as an hematologic emergency whose prognosis is influenced by the quality of interdisciplinary collaboration for rapid diagnosis and therapeutic intervention.

Aim of the paper The paper presents the case of a 13 y old girl who is admitted as a great hematologic emergency. The severity of anemia and her brutal onset, apparently in full health condition was a challenge for the medical team involved, representing three medical institutions: hospital clinical service, blood transfusion center and clinical laboratory providing outsourced laboratory services to hospital. The added-value of direct communication between the various specialists involved for the quality of medical care in emergency situations is emphasized by the presentation.

Case presentation 13 years old patient is hospitalized as an emergency in pediatric ICU for generalized hypoxia, lethargy, intense sclerocorneal and skin jaundice, pallor, occurring several hours before. Blood samples tested in the laboratory, HBB (pretransfusional protocol) and RBTC (for Immunohematology Diagnosis and pretransfusional protocol) showed the following relevant initial results: Hg 3.6 g%, Ht 7.3%, reticulocytes 2.11%, frequent sferocytes and microsferocytes, DBR, 2mg/dl, IBR 6.3 mg / dl, LDH 1312mg/dl, low haptoglobin, DAT polispecific positive. ABO different results between in HBB and RBTC. Treatment with corticosteroids is initiated. As the patient's condition required urgent substitutive therapy, decision is taken to launch the procedure for transfusion in major emergency: packed red cells O negative free of immune antiA/B Abs were issued by HBB; the occurrence of mild low back pain complaints stopped the transfusion. In parallel, investigations continue to determine the type of AIHA (RBTC) and etiology (SYNEVO), as well as selection of compatible packed red cells (RBTC). Immunohematologic profile: discordance BV-S, D positive, DAT positive polispecific, monospecific IgG positive, C3c positive, C3d positive, IgM positive, negative IAT. Subsequent transfusions without adverse reactions. Virological tests, HBV, HCV and Mycoplasma negative, anti EBV IgM positive. Favorable outcome after the first 24 hours of hospitalisation.

Conclusions Cooperation and direct communication between the 3 specialists allowed accurate and rapid diagnosis and treatment initialisation in a short period of time, which resulted in rapid restoration of patient's vital functions and a favorable prognosis.