

C 7. THE IMPORTANCE OF ERYTHROCYTE ANTIGENS A1 AND A2 IN TRANSFUSION CENTRE AND HOSPITAL.

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The Blood Bank Ploiesti

Introduction: Chemical erythrocyte ABH antigens has been a concern of immunology to the discovery of blood types, but was elucidated between 1960-1975. Though far discovered, the existence of two different antigenic structures with high applicability in transfusion practice, has still appropriate priority in the study of blood types. Material and Methods :Given these data, we tried to identify the existence of subgroups A1, A2, A1B and A2B in Ploiesti CTS donor population, and labeled as such blood products.

Over a period of three months, for a total of 1736 donors were identified in 1479 Group A Group A1 donors, and 297 donors with group A2 (A2 percentage being 17% of all donors A or otherwise computing A2 represents 20% of A1). 2 donors were identified antiA1 antibodies. The donor 320 of AB, A2B was 66 (20%). 2 A2B donors were identified antibodies A1. The products were labeled as such blood, plasma bags A2 and A2B anti-A1 antibody has been rebooted. Following the systematic determination of A1 and A2 subgroups we found that we fit the ratio between subgroup A1 and A2 in the data described in the literature up to 20%.

The usefulness of our approach would be full if and hospital establishments and would make identification of the two antigens and recipient patient.

Case Presentation: Patient 57 years with gastric bleeding esophageal varices and a history of gastrointestinal bleeding admitted, hemoglobin 6.5 g / dl, and requiring administration of packed red blood cells. Prescriber indicates transfusion 2 CER.UA. Pre-transfusion blood samples for determination of type is done both in the laboratory and in the hospital blood transfusion unit. In laboratory and UTS same difficulty occurs through blood typing discrepancy between globular and the serum sample and send the sample to elucidate the CTS.

When CTS is performed by Beth Vincent and type blood by Simonin, using test red cells A, A1, A2, B; reagent agglutinates erythrocytes patient's anti A1. We conclude that it is a blood type A2 with anti-A1 and A2 send two compatible CER.UA who are transfused without problems. From the patient's transfusion history, we find that it has received in previous hospitalizations, erythrocyte mass 3 times in the last two years. We suspect that the number of units (80%) were immunized by the group A1 and the receiver.

Conclusion: Consider advisable systematic research in CTS sites A1 and A2 antigens, and UTS-A2 or A2B sites where recipients can be immunized by transfusion A1 or A1B. It is important to perform serum sample in both CTS and UTS RBC sites A, A1, A2, B, to increase safety transfusions.