

Erythrocytes Membrane Defects

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The Red Cell Membrane

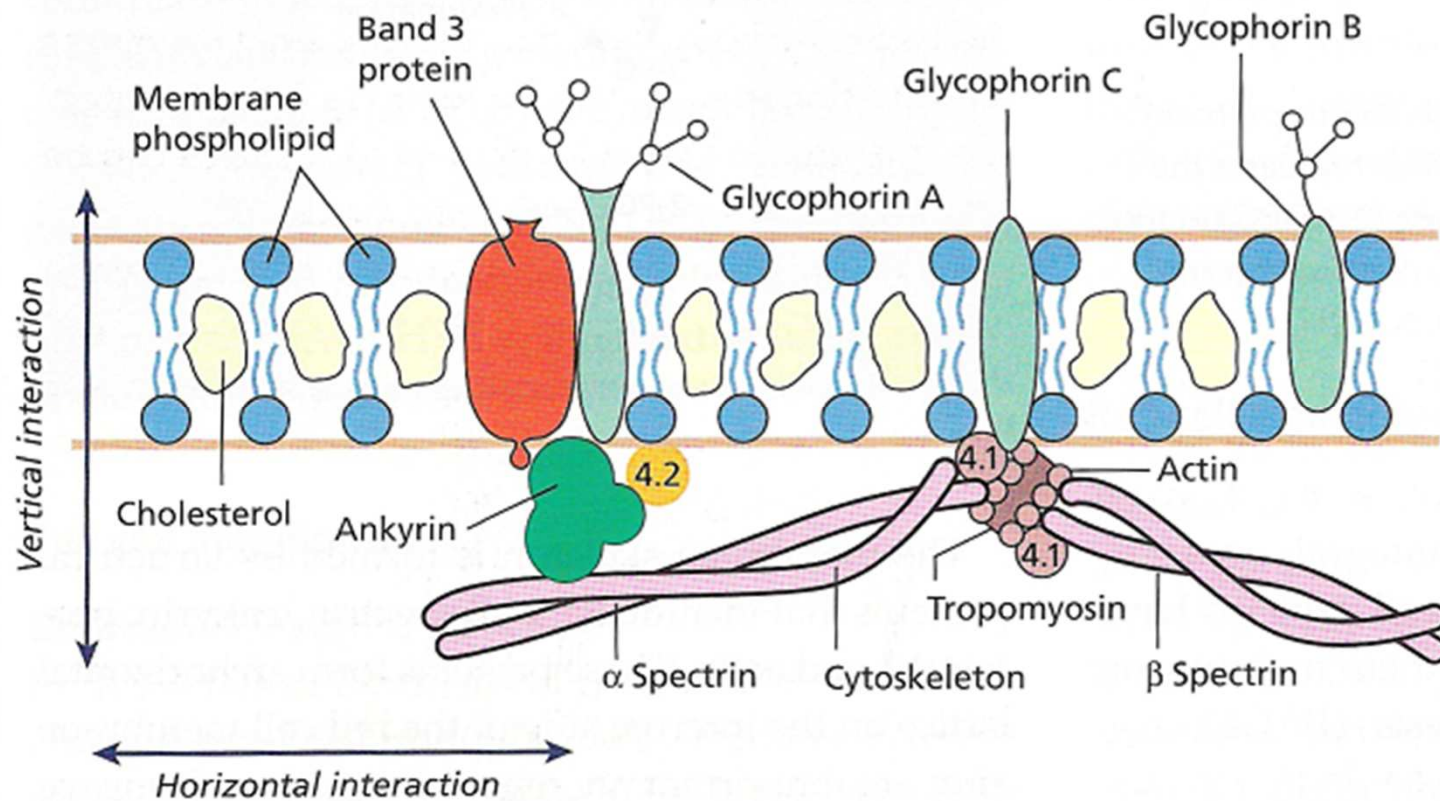
The red cell membrane consists of three main components:

1-phospholipid bilayer.

2- Various integral membrane proteins and.

3- Glycoproteins embedded in the phospholipid bilayer.

The red cell membrane structure



Red Cell Membrane Defects

Abnormalities in the red cell membrane •
can result in hemolytic anemia of variable
severity.

The most common inherited membrane •
defects are:

- hereditary spherocytosis and ... •
- hereditary elliptocytosis •

Hereditary Spherocytosis

Epidemiology:- •

Hereditary spherocytosis (HS) is the most •
common inherited hemolytic anemia in people
of Northern European descent.

It also occurs in Asia and Africa •

Pathophysiology

The fundamental cause in most cases of HS is •
defective vertical attachment between the
phospholipid bilayer and the cytoskeleton. •

This results in loss of phospholipids from the cell •
membrane.

Consequently, the surface area of the RBC •
decreases, and the cell gradually assumes the shape
of a sphere.

Spherocytes are less flexible than the normal RBCs, •
and are therefore destroyed in the spleen.

Clinical Manifestations

The clinical manifestations of HS vary from •
asymptomatic to severe chronic hemolysis.

Neonatal hyperbilirubinemia is frequent and •
may require exchange transfusion.

The majority of older patients have relatively •
mild or moderate anemia, and the primary
manifestations are hyperbilirubinemia and
mild splenomegaly.

Lab. Diagnosis of HS

CBC: •

MCV: Normal to slightly low. •

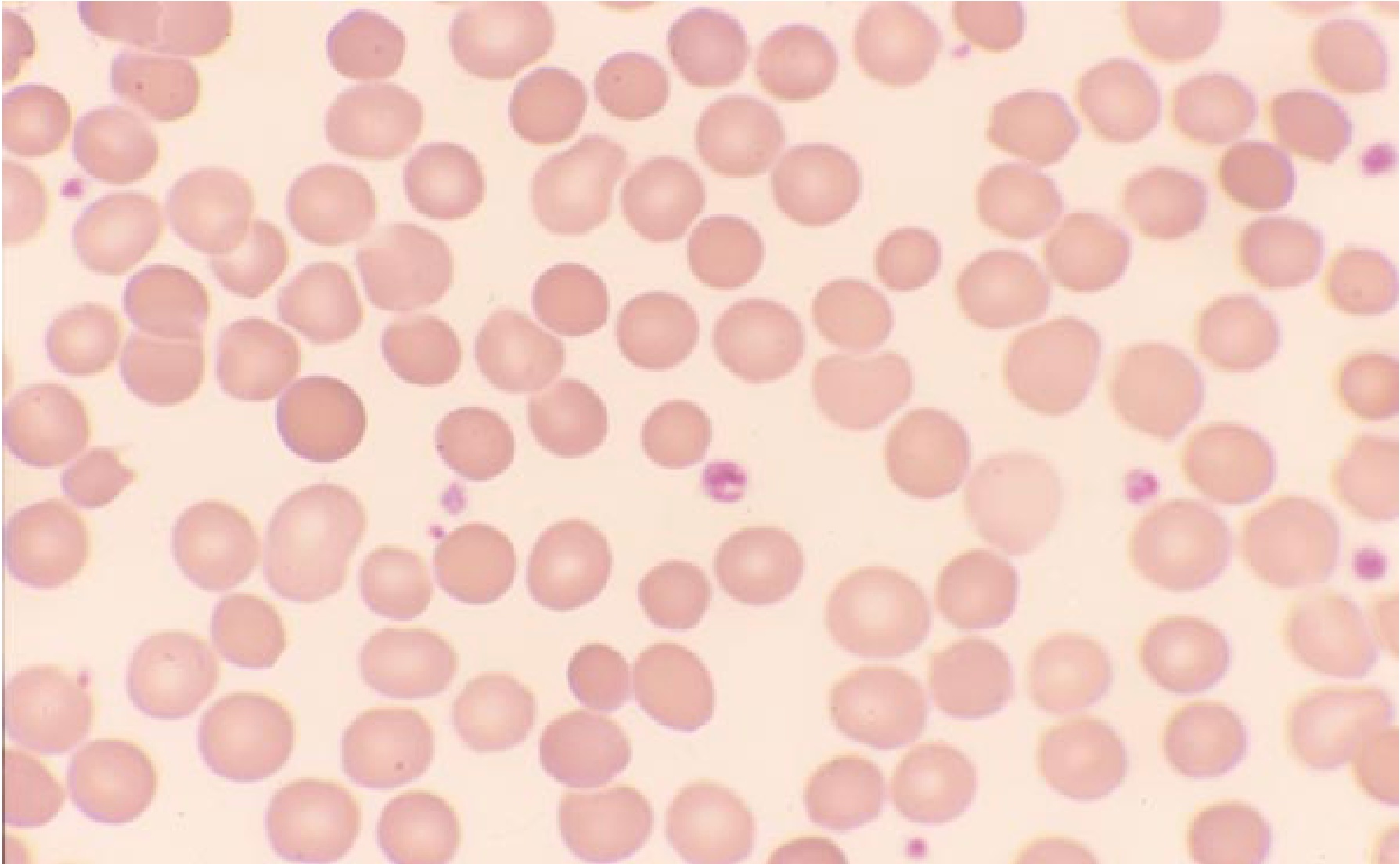
MCHC: Increased •

PBP: Microspherocytes •

Reticulocytes: Increased (~5–20%).

Direct antiglobulin (Coombs') test: Negative. •

Blood smear shows spherocytosis



Osmotic fragility test:

It is the classic laboratory test for HS. •

In this test, erythrocytes are incubated in saline - solutions with osmolality ranging from normal to pure water.

Percent hemolysis is measured by - spectrophotometry.

Erythrocytes from patients with HS hemolyze at - higher saline concentrations than normal cells.

Hereditary Elliptocytosis

Epidemiology: •

Most cases of hereditary elliptocytosis (HE) •
are inherited in an autosomal dominant
pattern.

It is found in Malaysia, New Guinea, •
Indonesia, and the Philippines.

The geographic distribution of HE and its •
variants suggests a relationship to malaria
(malaria *again!*).

Pathophysiology

Hereditary elliptocytosis is due to defective horizontal stability in the cytoskeleton. •

Red blood cells are squeezed into an elliptical shape as they pass through capillaries, and eventually RBCs become fixed in that shape. •

Clinical Manifestations

Most cases of HE are asymptomatic, with normal RBC survival and no anemia. ●

Neonatal hyperbilirubinemia is common and may require exchange transfusion. ●

Some infants with HE have severe hemolytic anemia at birth, with marked microcytosis and poikilocytosis. ●

Diagnosis of Hereditary Elliptocytosis

PBP: ●

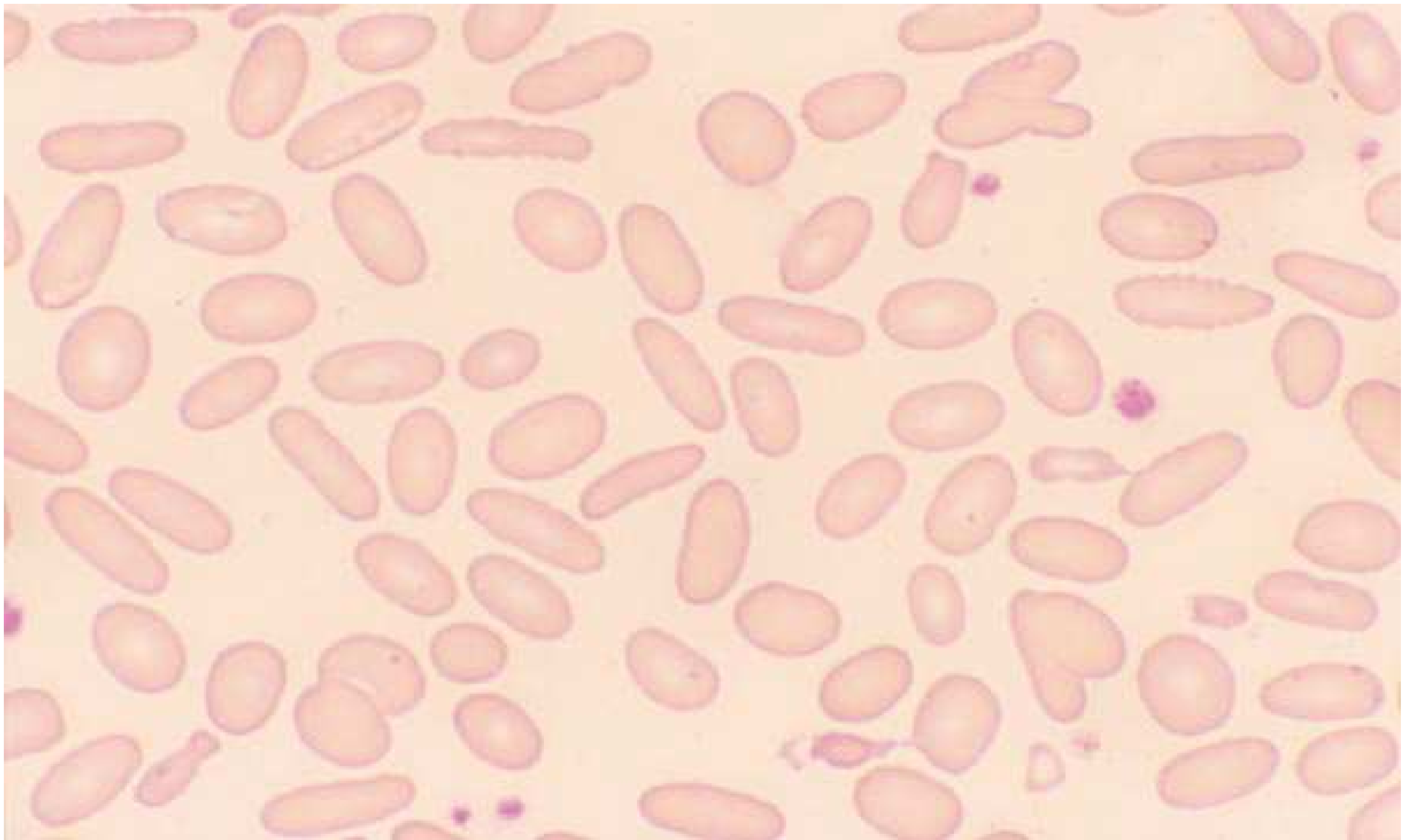
It is the key diagnostic test. ●

The presence of more than 15% elliptocytes ●
suggests HE.

Examining blood smears from parents or ●
siblings may help confirm the presence of an
inherited abnormality.

The osmotic fragility test is normal. ●

Blood Smear Shows Elleptocytosis



THANK YOU