

Anaemia

Anemia (anaemia) is a decrease in the level of hemoglobin in the blood. We follow the set limits for the specified age and gender. For men, the hemoglobin standard is **136-176 g/l** and for women this value is **120-168 g/l**. Anemia is often associated with decreased erythrocyte and hematocrit levels. It can also be a symptom that occurs in some pathological conditions. [1]

Causes of anemia

1. **Increased erythrocyte losses** (hemolysis, bleeding).
2. **Decreased erythrocyte production** (stem cell disorders; lack of erythropoietin, vitamin B12, folic acid).
3. **Increase in plasma volume** – so-called relative (dilution) anemia.

Anemic syndrome

- Set of symptoms accompanying anemia:
 - pale skin and mucous membranes;
 - fatigue, decreased physical performance;
 - shortness of breath during exertion;
 - tachycardia, circulatory insufficiency (from myocardial hypoxia).
- In addition, in hemolytic anemias, manifestations of hemolysis – hemoglobinemia, hemoglobinuria (up to hemoglobinuric nephrosis), decrease in haptoglobin levels, hemosiderosis, hemosiderosis, ikterus, formation of pigmented gallstones.

Classification of anemias

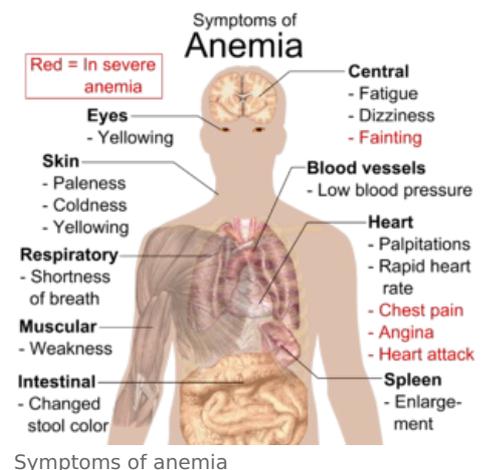
Morphological

- **Normocytic** (MCV 80–95 fl, or erythrocyte diameter 7–8 μm) – after acute bleeding, aplastic anemia, some hemolytic anemia;
- **Macrocytic** (MCV over 95 fl, or erythrocyte diameter over 8 μm) – lack of vit. B12 or folic acid;;
- **Microcytic** (MCV below 80 fl, or erythrocyte diameter below 7 μm) – Fe deficiency, spherocytosis, thalassemia, after chronic bleeding;
- **Normochromic** (MCHC 300–350 g/l) – after acute bleeding;
- **Hypochromic** (MCHC below 300 g/l) – Fe deficiency, thalassemia;;
- **Hyperchromic** (MCHC over 350 g/l) – lack of vit. B12.

Patogenetic

Anemia from increased erythrocyte loss

- **Posthemorrhagic anemia;**
- **Hemolytic anemia;**
 - **intracorpuseular:**
 - *Congenital:*
 - erythrocyte structure disorders (hereditary spherocytosis);
 - enzymopathy (Glc-6- β -dehydrogenase, pyruvate kinase, hexokinase deficiency);
 - hemoglobinopathy (sickle cell disease, thalassemia);
 - *Acquired ::*
 - paroxysmal nocturnal hemoglobinuria.
 - **extracorpuseular:**
 - mechanical causes;
 - toxic hemolysis;
 - osmotic hemolysis;
 - production of antibodies or autoantibodies;
 - hypersplenism.



Anemia from decreased erythrocyte production

- erythropoietin deficiency;
- lack of factors necessary for erythropoiesis (proteins, iron – sideropenic anemia, vitamin B12, folic acid);
- hematopoietic tissue disorder;
- anemia of chronic diseases

Microcytic anemia investigation algorithm

- serum ferritin level decreased → **iron deficiency anemia**
- serum ferritin level normal or elevated → LDH and haptoglobin
 - *normal* → anamnesis, clinic, inflammatory indicators
 - *positive* → **anemia of chronic diseases**
 - *negative* → bone marrow puncture
 - *positive* → **myelodysplastic syndrome, subtype of refractory anemia with annular sideroblasts**
 - *negative* → **anemia of chronic diseases**
 - *pathologica* → hemoglobin electrophoresis , molecular genetic testing, blood smear → **alpha-thalassemia, beta-thalassemia**

Algorithm for distinguish iron deficiency anemia from chronic disease anemia

biochemical and clinical signs of inflammation → transferrin saturation <20%

- *serum ferritin < 30 µg/l* → **iron deficiency anemia**
- serum ferritin 30–100 µg/l → soluble transferrin receptor (sTfR)
 - *sTfR / log ferritin > 2* → **iron deficiency anemia with iron deficiency**
 - *sTfR / log ferritin 1–2* → ?
 - *sTfR / log ferritin < 1* → **anemia of chronic diseases**
- *sérový ferritin > 100 µg/l* → **anemia of chronic diseases**

Algorithm for investigating normocytic anemia

- signs of bleeding → **anemia from bleeding**
- no signs of bleeding → absolute reticulocyte count, reticulocyte index
 - *increased* → LDH and haptoglobin
 - *normal* → examination of the spleen
 - *enlarged* → **hypersplenism**
 - *normal* → **bleeding anemia**
 - *LDH increased and haptoglobin decreased* → **hemolytic anemia**
 - *normal or decreased* → differential blood count , blood smear
 - *pathological* → bone marrow puncture → **leukemia, aplastic anemia, bone marrow infiltration by solid tumor or lymphoma, plasmacytoma, myelodysplastic syndrome, myeloproliferative syndrome**
 - *inconspicuous* → creatinin
 - *increased* → **renal anemia**
 - *normal*
 - anamnesis, clinic, inflammatory indicators → **anemia of chronic diseases**
 - occult bleeding → **bleeding anemia**
 - low or undetectable reticulocytes → serology parvovirus B19
 - *positive* → **parvovirus B19 infection**
 - *negative* → **pure red cell aplasia**
 - bone marrow puncture → **leukemia, aplastic anemia, bone marrow infiltration by solid tumor or lymphoma, plasmacytoma, myelodysplastic syndrome , myeloproliferative syndrome**
 - TSH, calcium, phosphate, endocrinological examinations → **hypothyroidism , hyperthyroidism , hypogonadism, hyperparathyroidism, panhypopituitarism**

Macrocytic anemia investigation algorithm

anamnestic alcohol, drugs, radiation

- *yes* → **alcoholic-toxic anemias, drug-induced macrocytic anemia, radiation-induced macrocytic anemia**
- *no* → absolute reticulocyte count, reticulocyte index
 - *increased* → **hemolytic anemia, AIHA from cold agglutinins or thermal antibodies, bleeding compensation or bleeding anemia, hypersplenism**
 - *reduced* → vitamin B₁₂ and folic acid
 - *reduced* → **lack of vitamin B₁₂ or folic acid**
 - *normal* → blood smear
 - *pathological* → bone marrow puncture → **myelodysplastic syndrome, myeloproliferative**

- **diseases , non-Hodgkin's lymphomas, plasmocytoma, leukemia, aplastic anemia**
- *normal* → liver values, liver sonography
 - *pathological* → **liver cirrhosis, chronic active hepatitis**
 - *normal* → TSH, fT₃, fT₄
 - *pathological* → **hypothyroidism**
 - *normal* → bone marrow puncture → **myelodysplastic syndrome, myeloproliferative disease, non-Hodgkin's lymphomas, plasmocytoma, leukemia, aplastic anemia**

Links

Related articles

- ACD (signspot)
- Blackfan-Diamond anemia
- Antianemics
- hemotherapy

External links

- Anémia (TECHmED) (<https://www.techmed.sk/anemia-diferencialna-diagnostika/>)

References

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