Lecture 14

Sickle Cell Anemia

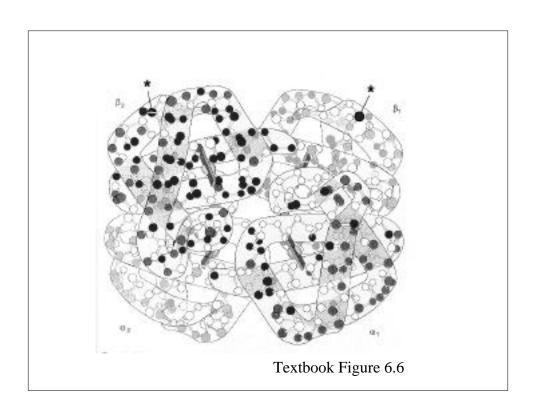
November 8, 2002

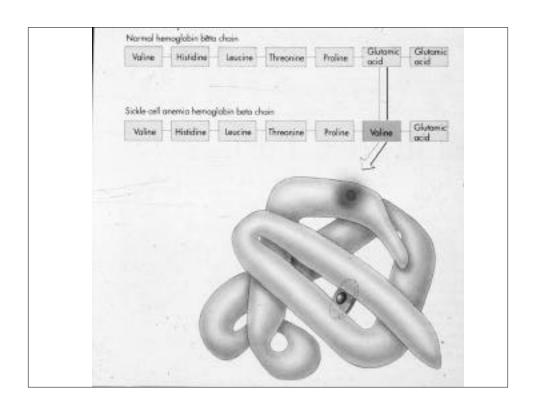
Learning Objectives

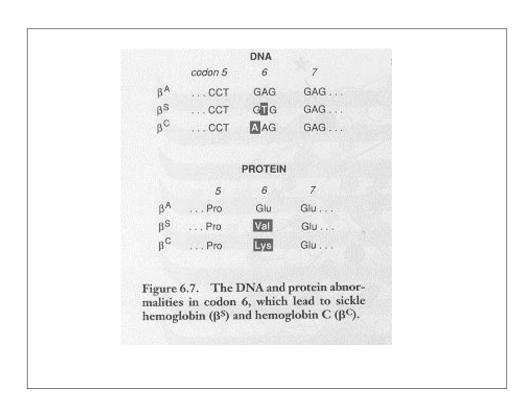
- Understand the molecular basis of sickle cell anemia and how to make a diagnosis
- Begin to recognize the clinical features sickle cell anemia
- Know that Hgb S is a balanced polymorphism, and understand the meaning of a haplotype.
- Know the conditions that facilitate sickling
- Understand why patients with sickle cell who co-inherit thalassemia trait will have a milder course

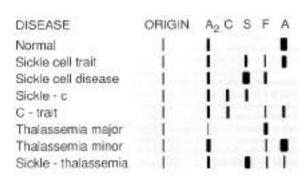
Qualitative Abnormalities of Hemoglobin

- Silent Variants
- Unstable hemoglobins
 Heinz body hemolytic anemia
- Methemoglobinemia
- High affinity hemoglobins
 polycythemia (†hematocrit and hemoglobin)
- Low affinity hemoglobins
 mild anemia (\$\psi\$hematocrit and hemoglobin)
- · Hemoglobin S
- · Hemoglobin C

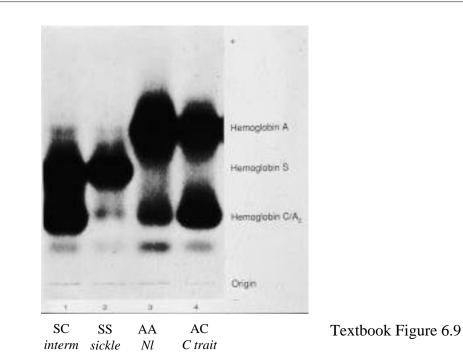


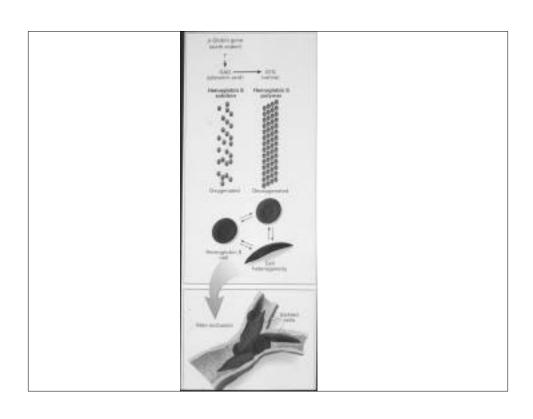


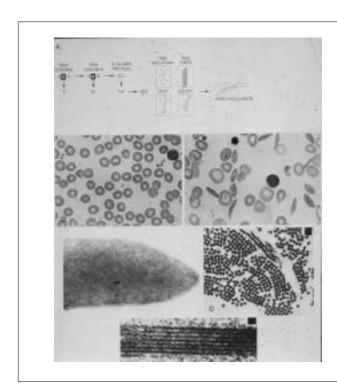




Cellulose acetate electrophoretic patterns for common hemoglobinopathies from the Red Cell Manual





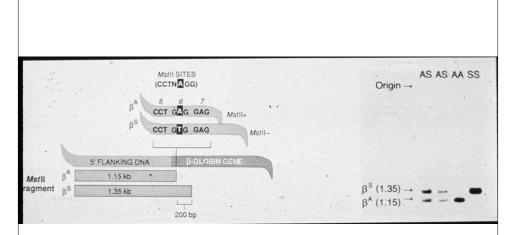


Textbook Figure 6.8

Table 10-11. FREQUENCY OF HEMOGLOBIN GENOTYPES AMONG BLACK AMERICANS

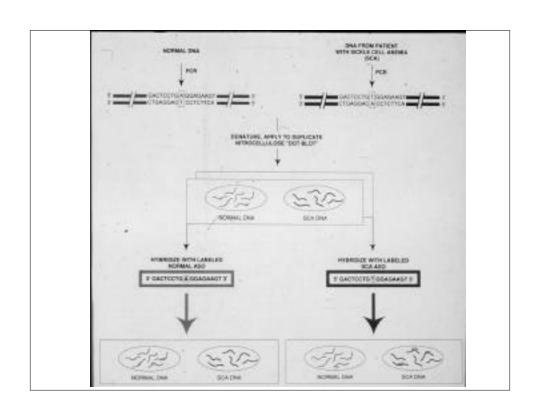
Genotype	Percentage of Population		
		••	
AS	8.6	8.0	
SS	0.14	0.16	
AC	2.4	3.0	
CC	0.02	0.02	
SC	0.13	0.12	

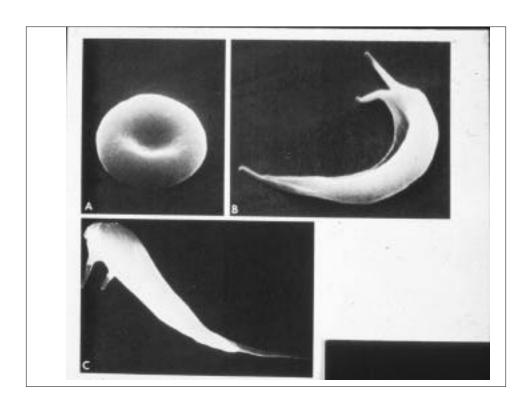
^{*}Survey of 250,000 black Americans⁵⁵⁶
**Review of literature⁵⁵⁷

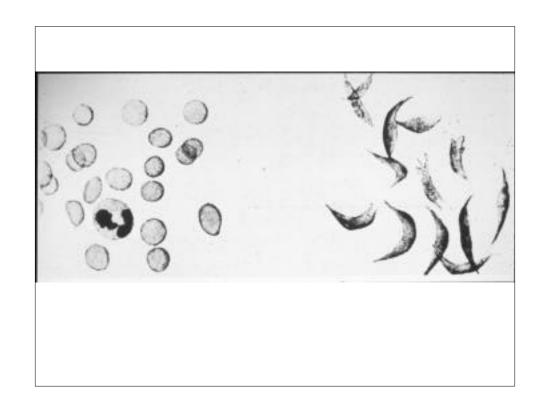


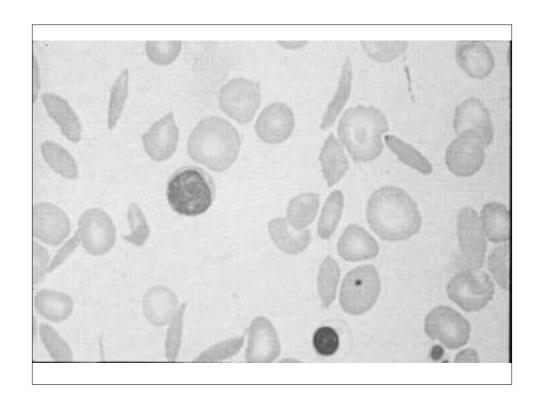
Diagnosis of the sickle mutation using Southern blot analysis

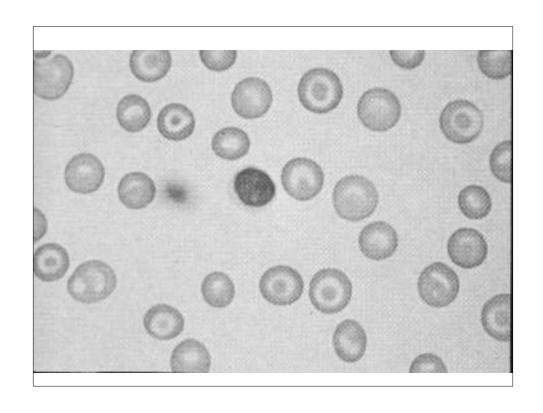
Textbook Figure 6.10

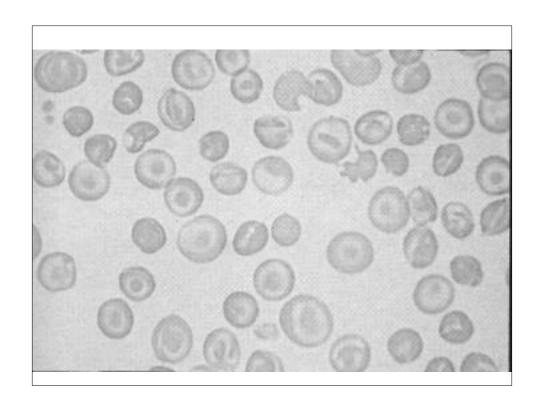


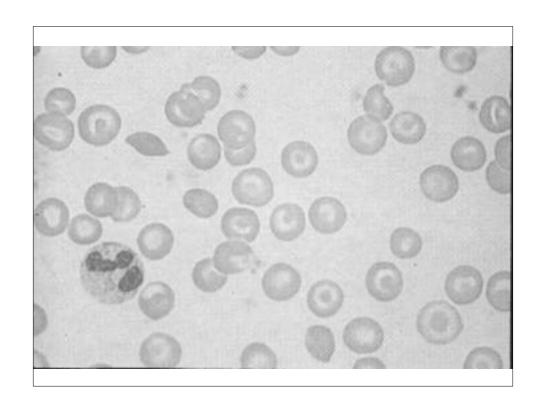


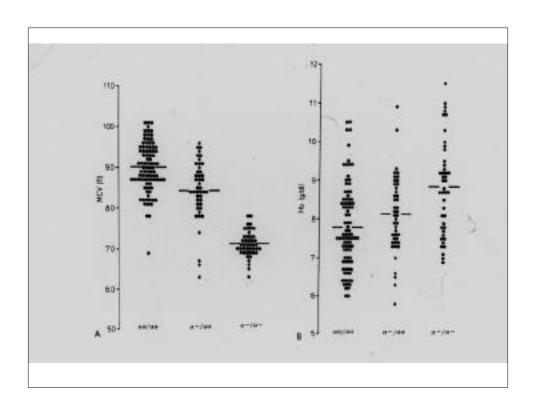












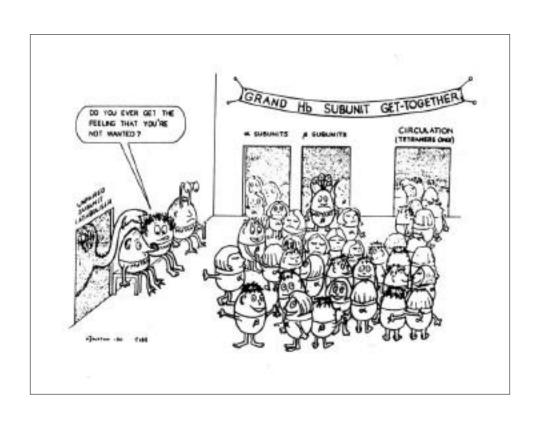
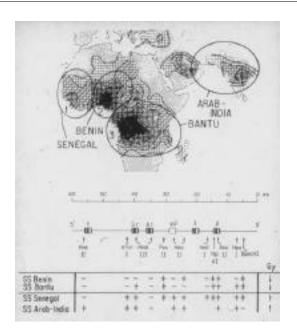


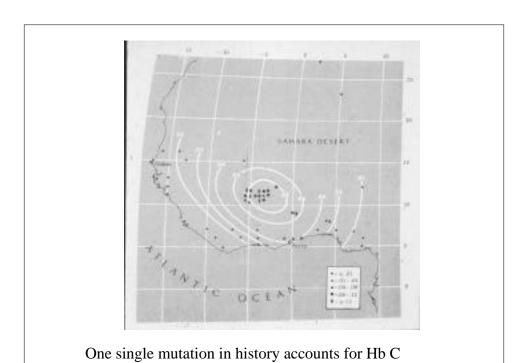
Table 10-10. EFFECT OF α THALASSEMIA ON THE PERCENTAGE OF β -CHAIN VARIANT HEMOGLOBIN IN HETEROZYGOTES

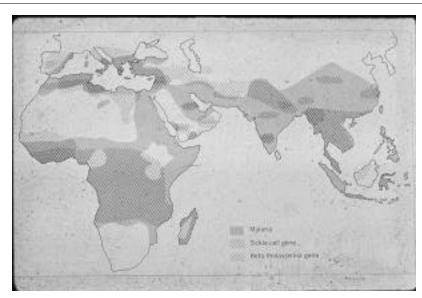
	Percentage of Variant in Hemolysate						
	AS	(Ref)	AC	(Ref)	AE	(Ref)	
Normal (ea/on) anio acio- of oni a (Hb H) Iron deficiency*	41 ± 1.8 35.4 ± 1.0 28.1 ± 1.4 17 30+42	(G1) (G1) (G1) (G2) (G3)	43.8 ± 1.5 37.5 ± 1.4 32.2 ± 0.8	(631) (631) (631)	30 ± 1.5 27 ± 2 22 ± 2 15 18+27	(602) (602) (602) (606)	

^{*}Before and after porrection



Hb S only occurs on 4 haplotypes...only occurred 4 times in history

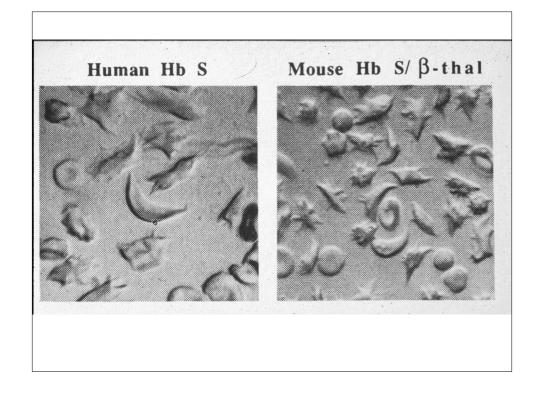




- Hb S is a balanced polymorphism

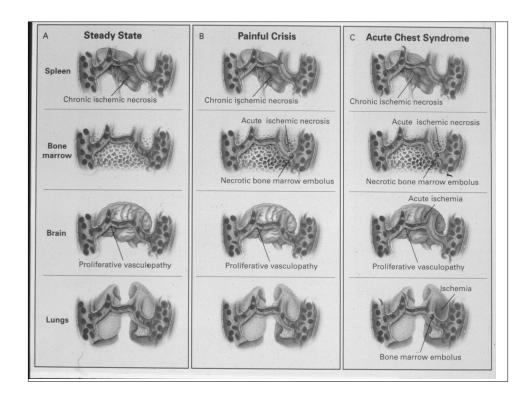
 * homozygotes (1 in 500) are selected against

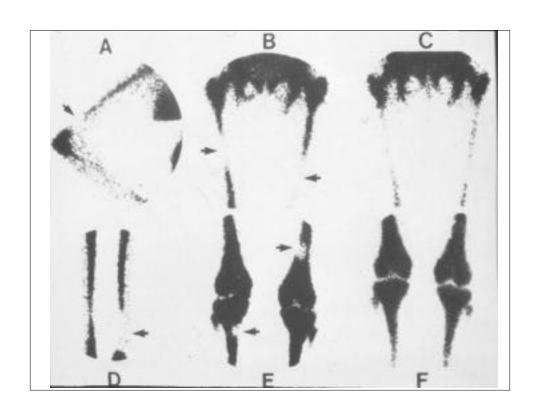
 * heterozygotes (1 in 12) are selected for

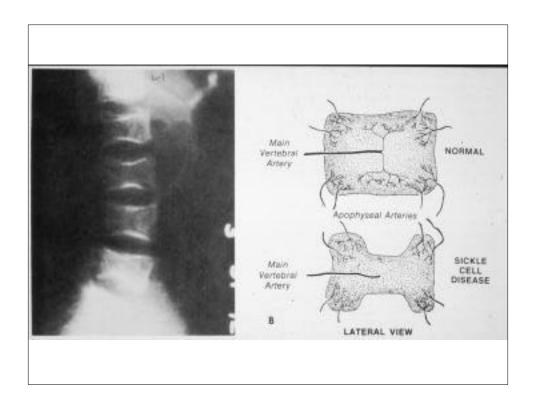


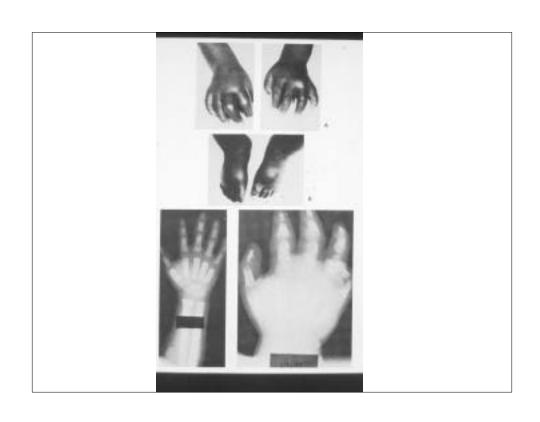
Complications of Sickle Cell Anemia

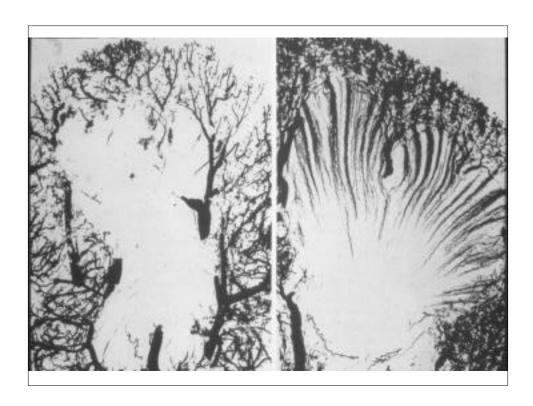
- autosplenectomy
- hyposthenuria
- Infections
 - encapsulated organisms-- pneumococcus
 - salmonella, staph
- Painful crises
- · Bone infarcts, aseptic necrosis
- Stroke
- Acute chest syndrome
- Hand-foot syndrome
- Chronic organ damage

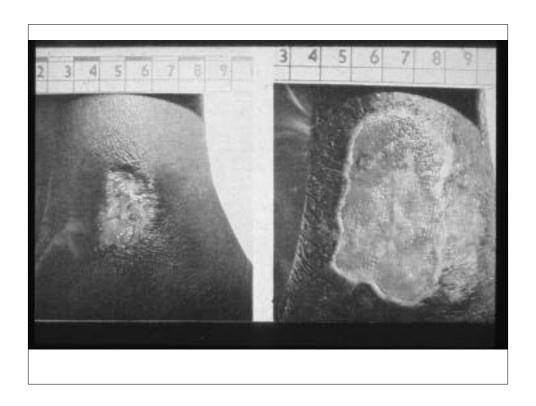


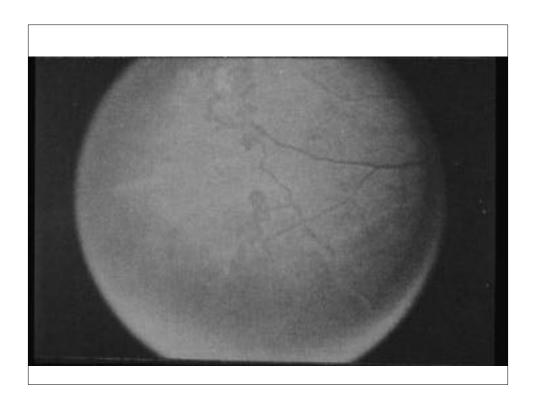


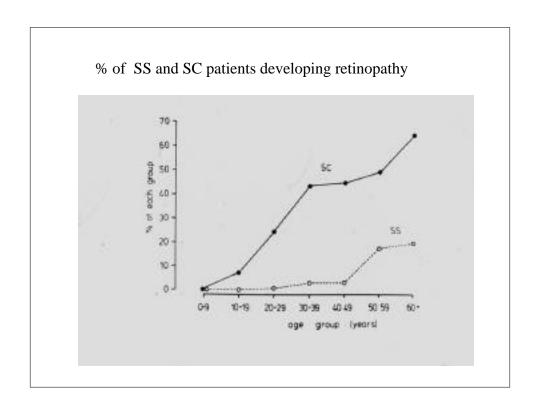












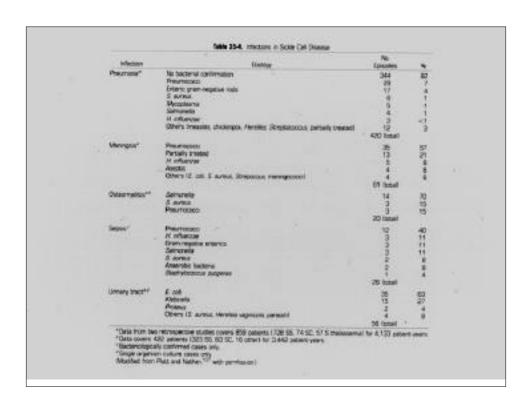
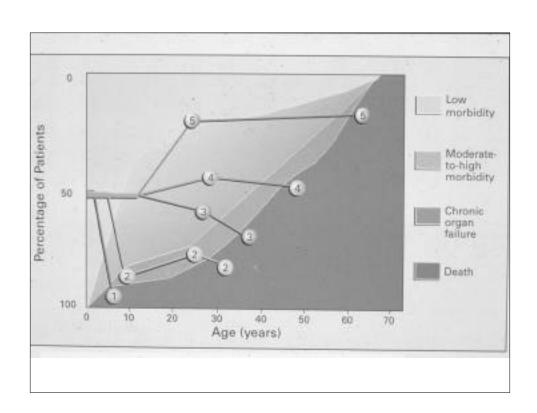


Table 12-6. CAUSES OF DEATH AMONG CHILDREN WITH SICKLE CELL DISEASE*

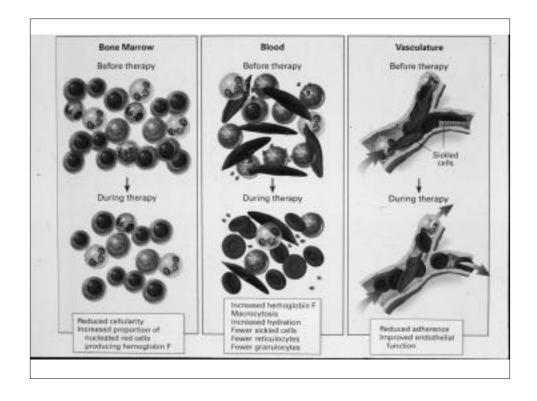
Cause	Percentage of Total Deaths	
Infection	44	
Splenic sequestration	16	
Sudden, unexpected death	14	
Cerebrovascular accident	12	
Congestive heart failure	7	
Miscellaneous	7	
	100	

*From Mentzer, W. C., and Wang, W. C.: Pediatr. Ann. 9:297, 1980. Compiled from data on 43 children followed by Powars⁸³ and Seeler. ³⁸



Sickle Cell Anemia: Treatment

- IV fluids
- Analgesia
- Infection
 - penicillin prophylaxis vaccines
- Oxygen
- Transfusion
- Butyrate
- Hydroxyurea
- Bone Marrow Transplantation



Summary

- Understand the molecular basis of sickle cell anemia and how to make a diagnosis
- Begin to recognize the clinical features sickle cell anemia
- Know that Hgb S is a balanced polymorphism, and understand the meaning of a haplotype.
- Know the conditions the facilitate sickling
- Understand why patients with sickle cell who co-inherit thalassemia trait will have a milder course