Incompatible blood transfusion in autoimmune hemolytic anemia in an adult asymptomatic hepatitis B carrier: A case report

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Autoimmune hemolytic anemia is an uncommon condition caused by antibodies directed against red blood cells causing their premature destruction. Clinical manifestations include anemia, jaundice, splenomegaly, reticulocytosis, elevated serum bilirubin, and positive direct antiglobulin test. Autoimmune hemolytic anemia (AIHA) can either be idiopathic or secondary to an underlying disease process. Infection accounts for 5% of cases of secondary AIHA. AIHA in asymptomatic hepatitis B carrier is rare with only two cases reported worldwide. Both cases were pediatric patients. We presented with a case of a 27 year old male who came in due to anemia. Patient presented with the classic manifestation of AIHA and workup for underlying cause revealed a carrier state of hepatitis B infection. Patient was unresponsive to steroid and was persistently dyspneic and tachycardic. Blood transfusion with an incompatible blood was done which resolved the patient's symptoms. Steroid remains to be the mainstay of treatment for AIHA. However, blood transfusion may be beneficial to symptomatic patients at risk for complications of severe anemia. Although sustained remission is typical in inactive carriers of hepatitis B, reactivation remains a possibility, hence, patient education and good follow up is essential.

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A case report of POEMS syndrome: A diagnostic challenge

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Polyneuropathy, organomegaly, endocrinopathy, monoclonal gammopathy, and skin changes (POEMS) syndrome is a rare multi-organ disease that is characterized by polyneuropathy in the setting of plasma cell disorder. The pathogenesis of the syndrome is unknown but overproduction of vascular endothelial growth factor (VEGF) is said to be responsible for most of the symptoms. There is no standard treatment for POEMS syndrome; however, there are emerging therapies, including radiation therapy, alkylator based therapies, and corticosteroids, that have shown to be beneficial. We present a case of a 34-year-old woman who came in due to ascites associated with upper and lower extremity weakness, paresthesia, skin changes and polycythemia. Criteria for POEMS syndrome were fulfilled and serum electrophoresis revealed the presence of M protein, thus confirming the diagnosis. After treatment combination of prednison and melphalan, the patient's clinical status improved markedly. High degree of clinical suspicion may significantly alter the course of the disease.

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