



#### **Hayley Brown**

Medical Scientist Fiona Stanley Hospital Haematology, Transfusion Medicine





#### Case Study

- 67 year old, female
- Myeloid dysplasia syndrome (MDS), transforming
- Received allogeneic stem cell transplant, June 2017
- Relapsed in June 2018



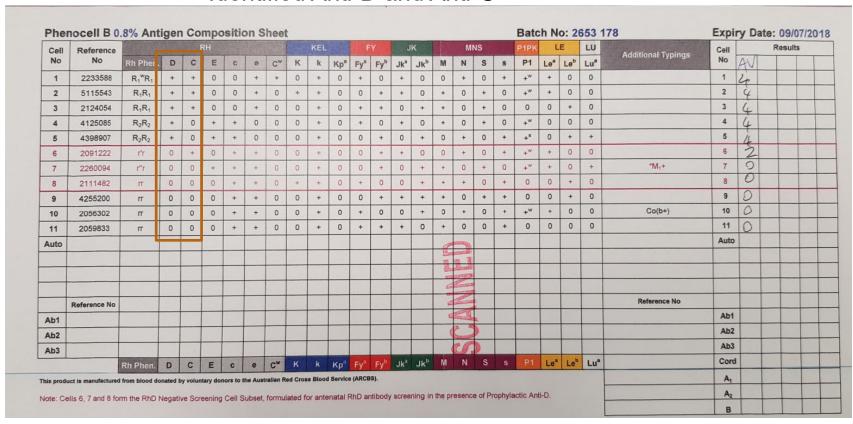


- Patients blood group : A Rh D Positive
- Donor stem cell blood group: A Rh D Negative (BMTX June 2017)
- Patients last group and screen Nov 2017 (5 months post transplant)
  - A Rh D Negative
  - Negative screen
- June 2018- 12 months post transplant patient represented, group and screen results:
  - A Rh D negative
  - Positive 3 cell screen (Cells 1&2)





- 11 Cell antibody ID
  - Identified Anti-D and Anti-C







- Direct Antiglobulin Test (DAT)
  - Positive
  - Positive (2+) IgG, Negative C3d
- Elution was performed
  - Anti-D & Anti-C were eluted from red cells.





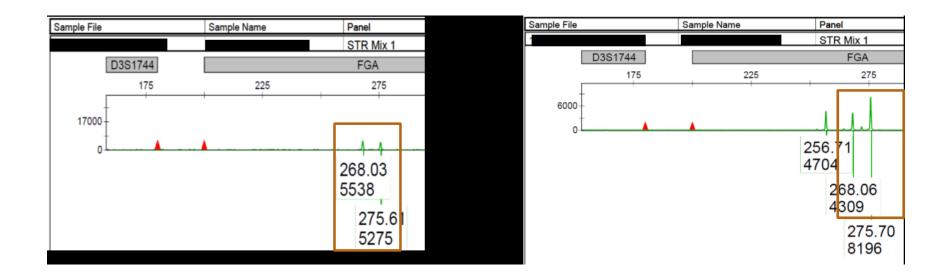


- What has/ is causing the production of the antibodies and ongoing haemolysis?
  - Only transfused A Rh D Negative red blood cells
  - Last transfusion: Aug 2017
  - A/O Rh D negative HLA match platelets.
- Further investigation is necessary.





• Molecular genetics studies performed (Chimerism studies) to confirm relapse.



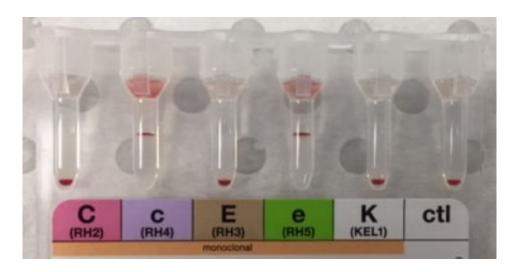
• 03/10/2017 Day 100

**21/08/2018** 





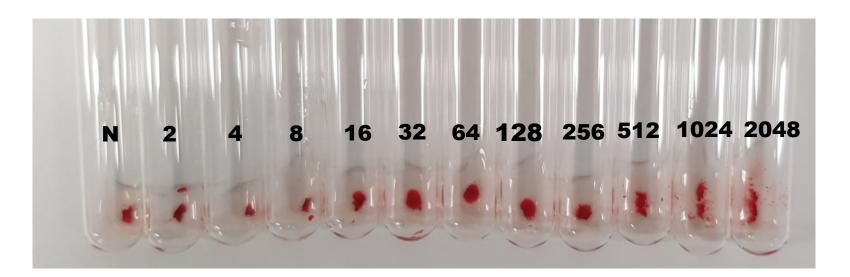
- Performed Rh and K phenotyping of patient cells.
  - C Negative
  - c Positive
  - E Negative
  - e Positive
  - K Negative







- Performed a Anti- D titre
  - 1/8192- June 2018
  - 1/2048- September 2018
- Referred to ARCBS for Anti-D quantitation
  - 404IU/mL







#### **CONCLUSION**

- The donor cells are producing Anti-D and Anti-C to the patient's native cells due to relapse, thus causing a vicious cycle of haemolysis.
- Patient is currently receiving A Rh D negative red cells.
- Ongoing monitoring of blood group and haemolysis.





