

## AIHA CASE #7

1. Why was antibody identification performed in this case?

*There is an ABO discrepancy with weak reactions in the serum typing.*

2. What antibody is present? Is this an autoantibody or an alloantibody? Why were the selected cells run?

*The patient has a cold reactive autoanti-M (note the positive M antigen typing). The selected cells were run to rule out other antibodies.*

3. Why might the DAT be negative? Can you relate this to any other findings?

*The antibody is cold-reactive and probably is a relatively low affinity IgM immunoglobulin which does not remain attached to the RBCs through the washing phase of the DAT.*

4. How would you select RBCs for transfusion in this case?

*This antibody would not be regarded as clinically significant. An anti-human globulin crossmatch without an immediate spin phase would likely be negative and would ensure safe transfusion.*

5. Can you relate the presence of these abnormalities to anything else in the patient's history?

*The patient has myasthenia gravis, an autoimmune disease. Patients with RBC-reactive autoantibodies often have another autoimmune or lymphoproliferative disease.*