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REGIONAL FEATURES OF WARM AUTOIMMUNE HAEMOLYTIC ANAEMIA IN DIFFERENTIAL DIAGNOSIS OF JAUNDICES IN KHARKIV REGION OF UKRAINE

Introduction. It was established, that warm autoimmune haemolytic anaemia has a regional features. This is very impotent fact for the differential diagnosis of jaundices in patients with parasitic diseases. A precise and early analysis of its aetiology was and remains a key factor for effective elimination of jaundice in adults, ill with babesiosis and cryptosporidiosis as a marked for hepatitides. It is the decisive move that in future directs the vector of the differential diagnostic component of the adequate clinical algorithm.

The purpose was to study the role of warm autoimmune haemolytic anaemia in the origination and development of jaundices (in adults, ill with babesiosis and cryptosporidiosis as a marked for hepatitides).

Methods. The presence of pathology was assessed by the unified clinical-morphological algorithm. The comparative analysis was based on findings of clinical (gastrointestinal signs, CT data), microscopical (blood smear, coprotests) and also hematocrit determination, hepatic tests studies.

Results. It was found out that this kind of anaemias is accompanied by an enhanced process of antibody formation, which can become primary (idiopathic, n= 57) or now secondary, resulting from autoimmune diseases (anticardiolipin syndrome, n=34), lymphoproliferative disorders (n=11), neoplasms (n=5), taking of drugs without any medical supervision (n=3). Idiopathic autoimmune anaemia is more common in middle-aged women (n=48) and accompanied by appearance of jaundice. This sign pathognomonic for numerous hepatitides (and not only), is accompanied by exanthema of sclerae (n=79), specific colour of skin (n=84), nail plates (n=57) and

oral mucosae (n=61). The patients complain of nausea (n=101), marked weakness (n=98), pains in their right and left hypochondriac (n=76). Palpation detects hepatosplenomegaly in 1/3 (n=36) of the patients. The count of reticulocytes is supernormal. At the same time some erythroblasts are registered against a background of development of haemolytic phenomena (the antibodies are directed against their own erythrocytes, that in future causes strictly speaking haemolysis and deficiencies of folic acid, iron). Usually the level of haemoglobin in conditions of anaemia is low (70-80), in the case of intravascular haemolysis haemoglobin values in plasma increase.

Conclusions. Pathogenesis of the disease directs the therapeutic tactics: elimination of the pathological state, which causes haemolysis; suppression of antibody formation, deceleration and subsequent total inhibition of processes of destruction of antibody-covered erythrocytes, which are concentrated in the spleen and liver. This facts we can explain account for regional features course of parasitic disease.