

ABID CASE #8

Questions:

1. What is the probable identity of this antibody?
2. Why aren't many of the antigen positive cells reacting?
3. Is any further workup needed to prove it? Why were the selected cells from the second panel run?
4. What would we require to consider a unit of RBCs compatible for this patient? (See the procedure "Blood Component Compatibility Requirements".)
5. What would you expect to find after dithiothreitol (DTT) treatment of the serum and rerunning the panel (DTT denatures sulfhydryl bonds)? What about after ficin or papain treatment of the panel RBCs?
6. Is the patient at risk for an immediate hemolytic transfusion reaction? A delayed hemolytic transfusion reaction?
7. Would this antibody be expected to cause hemolytic disease of the fetus and newborn?
8. What is the biochemical nature of the antigen? What is the basis for the polymorphism between this and its antithetical antigen?