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Blood transfusion in patients with immunohematological problem

Carlos A Gonzalez
Hospital Muñiz, Argentina

The blood transfusion therapy is essential in the management of hematologic/oncologic disorders. Although transfusions are not risk free. In fact, these patients may develop alloimmune or autoimmune process during the transfusion support. Alloimmunization is a significant risk of transfusions and is the second leading cause of transfusion-associated death. In fact, the transfused individuals with hematologic/oncologic disorders may develop red blood cell alloantibodies, which can complicate pre-transfusion testing, delay blood product availability, and lead to transfusion reactions. The autoimmune hemolytic anaemia may be produced by cold and warm autoantibodies and may mediate intravascular or extravascular autoimmune hemolysis in hematology/oncology patients. The tests that form the basis for transfusion compatibility and antibody identification are not always well understood, nor are their interpretations always straightforward. A better understanding of testing realized in the immunohematology laboratory will allow hematology/oncology providers to make informed decisions on the risk/benefit ratio of transfusion for their individual patients. Further, this understanding will allow improved communication between hematology/oncology providers and the transfusion service in instances of transfusion histories, new antibody formation, and unexpected adverse transfusion sequelae.