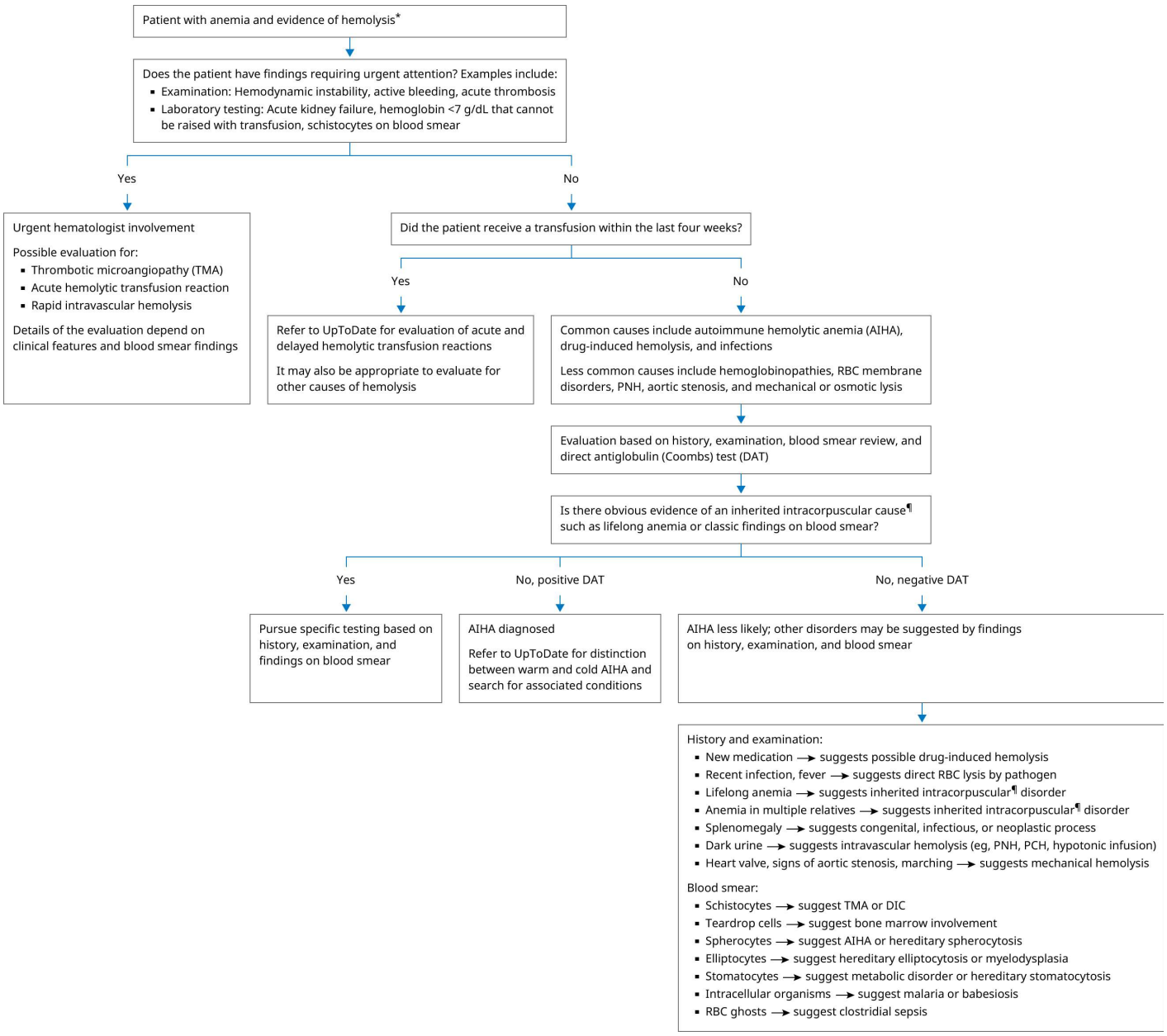
Evaluation of unexplained hemolytic anemia



This is an overview. Refer to UpToDate for further discussion and additional causes of immune and non-immune hemolytic anemia.

AIHA: autoimmune hemolytic anemia; DAT: direct antiglobulin (Coombs) test; DIC: disseminated intravascular coagulation; G6PD: glucose-6-phosphate dehydrogenase; LDH: lactate dehydrogenase; PCH: paroxysmal cold hemoglobinuria; PK: pyruvate kinase; PNH: paroxysmal nocturnal hemoglobinuria; TMA: thrombotic microangiopathy (eg, thrombotic thrombocytopenic purpura [TTP], hemolytic uremic syndrome [HUS], drug-induced TMA).

* Evidence of hemolysis includes:
- Spherocytosis
- Low haptoglobin
- High LDH
- High indirect (unconjugated) bilirubin
- Increased reticulocyte count that is not due to active bleeding, recent correction of iron deficiency or nutritional anemia, or erythropoietin administration

¶ Inherited intracorpuscular disorders include:
- Hemoglobinopathies such as thalassemia or sickle cell disease
- Enzymopathies such as G6PD or PK deficiency
- Membrane disorders such as hereditary spherocytosis, elliptocytosis, or stomatocytosis

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