中文題目：骨髓增生不良症候群患者之溶血性貧血：一份病例報告

英文題目：Hemolytic anemia in a patient with Myelodysplastic syndrome: a case report

作　　者：王家豪[1]，卓士峯[1]

服務單位：[1]高雄醫學大學附設醫院內科部，[2]高雄醫學大學附設醫院血液腫瘤內科

Introduction

MDS (Myelodysplastic syndromes) is a group of hematological disease that arises as a result of the production of dysplastic blood cells. These defective cells often lead to one or more cytopenias (anemia, neutropenia, and/or thrombocytopenia) due to abnormal hematopoiesis. AIHA (Autoimmune hemolytic anemia) is rarely reported in MDS. A review study has shown that the frequency of AIHA in MDS was about 0.5 – 1%. Here, we reported a case of suspected AIHA secondary to MDS.

Case Presentation

This case report describes a 67-year-old woman with the underlying disease of MDS and hepatitis B. She was referred to our hematologic ward by the local medical department in 2022 August for fever after platelet transfusion and anemia revealed by blood data. Associated symptoms included fatigue, shortness of breath, and deep urine color. The general physical examination showed mild icteric sclera, and the abdominal examination did not reveal hepatomegaly or splenomegaly. Her hemoglobin initially showed 9.1 g/dL and her Platelet level showed 6000/uL. Urine analysis showed no bilirubinuria or hematuria.

Due to the above reason, an anemia survey was arranged., which showed increased bilirubin, LDH (lactate dehydrogenase), and decreased haptoglobin. Iron profile, autoimmune antibodies, Vitamin B12, and Folic acid were within normal range. Abdomen sonography revealed splenomegaly. The indirect coomb test was positive and the blood test showed cold antibody. So AIHA (autoimmune hemolytic anemia) related to MDS (myelodysplastic syndrome) was suspected. Furthermore, blast cells are present in peripheral blood, which was not seen before. Because worsening of MDS was suspected, the bone marrow examination was performed and showed myelodysplastic syndrome with excess blast cell-1.

Initially, Prednisolone was prescribed for suspected AIHA (autoimmune hemolytic anemia). But persistent unconjugated jaundice remained without signs of hepatic issue or obstruction. So she received subsequent Azacitidine therapy in 2022 September. Indirect bilirubinemia and LDH (lactate dehydrogenase) levels improved gradually after treatment.