



BASIC INFORMATION

DESCRIPTION

Anemia due to the premature destruction of mature red blood cells. Bone marrow cannot produce red blood cells fast enough to compensate for those being destroyed, a process known as hemolysis.

FREQUENT SIGNS AND SYMPTOMS

- Fatigue.
- Shortness of breath.
- Irregular heartbeat.
- Jaundice (yellow skin and eyes, dark urine).
- Enlarged spleen.

CAUSES

- Often the cause is unknown.
- Inherited disorder, such as hereditary spherocytosis, glucose-6-phosphate dehydrogenase (G6PD) deficiency, sickle-cell anemia or thalassemia.
- Favism (an acute hemolytic anemia caused by the ingestion of the fava bean) is common in certain individuals, primarily of Greek descent, due to a hereditary biochemical lesion.
- Antibodies produced by the body to fight infections, which for unknown reason attack red blood cells. This response is sometimes triggered by blood transfusions.
- Use of medications, including non-prescription drugs, that damage red blood cells.

RISK INCREASES WITH

- Family history of hemolytic anemia.
- Use of any medication.

PREVENTIVE MEASURES

- Don't take any medicine that has previously triggered hemolytic anemia.
- Seek genetic counseling before having children if you have a family history of hemolytic anemia (inherited forms).

EXPECTED OUTCOMES

- If hemolytic anemia is acquired, it can usually be cured when the cause, such as a drug, is removed. Sometimes it is necessary to remove the spleen surgically.
- If secondary to an underlying disorder, the prognosis is determined by the course of the primary disease.
- If hemolytic anemia is inherited, it is currently considered incurable. However, symptoms can be relieved or controlled.
- Scientific research into causes and treatment continues, so there is hope for increasingly effective treatment and cure.

POSSIBLE COMPLICATIONS

- Excessive spleen enlargement, which increases destruction of red blood cells.
- Pain, shock and serious illness caused by hemolysis (red-blood-cell destruction).
- Gallstones.



TREATMENT

GENERAL MEASURES

- Diagnostic tests will include laboratory blood studies.
- Treatment is individualized depending on the specific hemolytic problem.
- Some types may be preventable by avoidance of the drugs or foods that precipitate hemolysis.
- Surgical removal of the spleen may be recommended.
- Additional information is available from the National Heart, Lung & Blood Institute, Communications & Public Information Branch, National Institutes of Health, Building 31, Room 41-21, 9000 Rockville Pike, Bethesda, MD 20892.

MEDICATIONS

- Immunosuppressive (e.g., prednisone) drugs to control the antibody response are usually prescribed.
- Medication to reduce pain. For minor discomfort, you may use non-prescription drugs such as acetaminophen.

ACTIVITY

- After treatment, resume normal activities as soon as possible.
- Avoid cold temperatures.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of hemolytic anemia.
- The following occur during treatment:
 - Fever.
 - Cough.
 - Sore throat.
 - Swollen joints.
 - Muscle aches.
 - Bloody urine.
- Signs of infection in any part of the body (redness, pain, swelling, fever).
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.