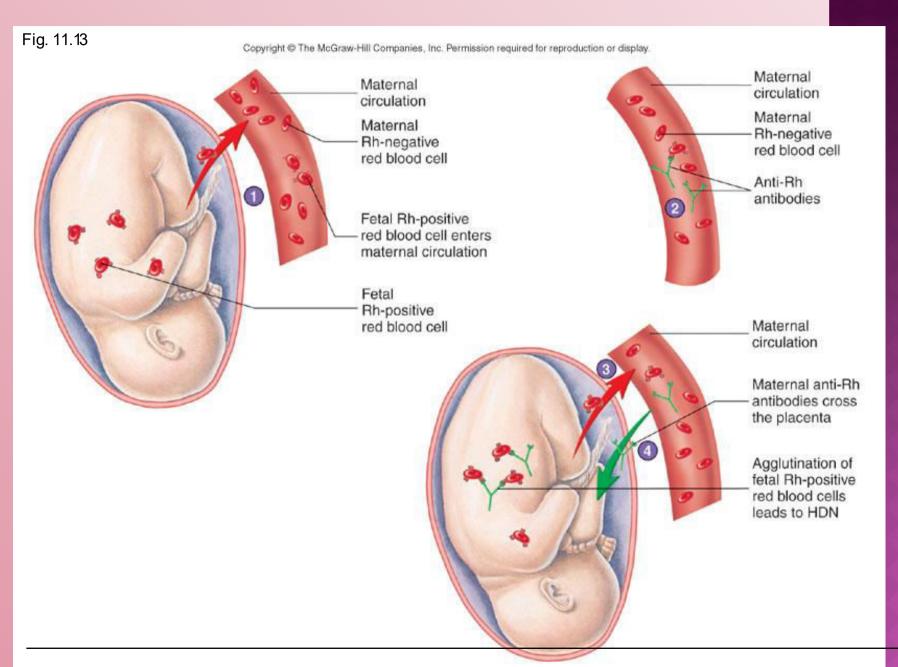
RH BLOOD SYSTEM

- Difference between ABO and Rh blood types
- Six Rh antigens, each is called Rh factor.
- C,D,E,c,d,e
- Type D antigen is most prevalent and more antigenic
- Persons having D antigen--- Rh positive
- Persons not having D antigen--- Rh negative
- + stands for Rh e.g. A+ve, B+ve, AB+ve, O+ve



ERYTHROBLASTOSIS FETALIS OR HEMOLYTIC DISEASE OF NEWBORN

- Is a disease of fetus and newborn
- Mother is Rh -ve ,Father Rh +ve
- Danger is only when fetus acquires Rh +ve from father
- The first pregnancy usually proceeds without problems
- At birth, mother may receive some of baby's RBCs
- Mom's immune system is sensitized
- Makes antibodies against Rh
- In a subsequent pregnancy:
- Mother's blood carries antibodies
- Anti-Rh antibodies cross placenta
- Attack the Rh⁺ blood in the fetus Antigen Antibody reaction

Agglutination of RBCs of fetus

CLINICAL PICTURE OF ERYTHROBLASTOSIS FETALIS

- Anemic or jaundiced
- Hepatomegaly and splenomegaly
- Nucleated blastic forms appear in blood
- Permanent brain impairment or damage to motor areas of brain due to deposition of bilirubin in the neuronal cells--- Kernicterus

PREVENTION AND TREATMENT

Injecting Anti D antibody or Rhimmunoglobulin

- Inhibit antigen induced B lymphocyte antibody production in the expectant mother.
- It attaches to D antigen sites on Rh +ve fetal RBCs that may cross the placenta and enter circulation of expectant mother.

Replacement of fetus blood with Rh -ve blood to minimize the levels of bilirubin

HAZARDS OF BLOOD TRANSFUSION

- 1. Mismatched blood transfusion
- a)Immediate hemolysis by IgM antibodies called hemolysins
- b)Delayed hemolysis after agglutination and phagocytosis

Outcomes of hemolysis

Jaundice

Acute renal shutdown

- 2. Transmission of diseases
- 3. Hyperkalemia