

Immune Hemolytic Anemias 2nd Edition

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Lawrence D. Petz and George Garratty

591 pages, £65.00

Although this is the Second Edition of the world famous book, I confess to reading it as a “new-comer”. Whilst I should be thoroughly ashamed of this fact, perhaps it is not as bad as it initially looks, because, as the authors point out, 24 years have passed since the First Edition was published, and with the advances in both medicine and laboratory procedures, I may be forgiven, perhaps, for treating this as a *completely* new publication.

In the Preface to the First Edition, the authors state,

“Neither laboratory personnel (including physicians) nor clinicians can optimally contribute to the care of the patients with immune hemolytic anemias without an understanding of both aspects of the subject. Therefore, it is our firm opinion that, with few exceptions (e.g., some sections concerning technical details which may justifiably be ignored by clinicians, and some aspects of therapy which may not be essential knowledge for technologists), the information herein is important to those in both clinical and laboratory medicine for proper management of patients with immune haemolytic anemias.”

With this in mind, and with particular reference to the part that absolved me, as a Biomedical Scientist, from understanding the therapeutic aspects of some of the chapters, I dived in!

The fourteen chapters in this publication are packed with facts and well-reasoned arguments that have obviously been extensively researched, as evidenced by the quoted work carried out in their own establishments, and the wealth of references cited at the end of each of these chapters. In addition to this, however, it is an exceedingly easy book to read (with the possible exception of the names of some of the drugs involved in drug induced haemolytic anaemia – I have to admit to bleeping over some of these names, rather in the same way people often do with the Russian names in *War and Peace!*).

The book starts with an incredibly interesting chapter on the “*Historical Concepts of Immune Hemolytic Anemias*”. Galen gave the first written description of what may have been an acquired haemolytic anaemia in 150AD, a fact I am prepared to believe that most of us did not know. The chapter takes the reader through all of the most important discoveries, and leads well into the rest of the book. Of particular interest is the wonderful collection of photographs and drawings throughout this chapter, including four of Karl Landsteiner at various stages of his life, and even a photograph of Carlo Moreschi. Sadly, there is a small, but glaring mistake in the text to Figure 1-25 B, where Sir Ronald Fisher is identified as Robert Race, and *vice versa*. This having been said, the only other slip I noticed in the entire book was that poor Dr. Uday Hegde had his name spelled incorrectly as “Hedge” on pages 244 and 257 (a privet cross he has had to bear all of his life, as I understand it!). This is quite remarkable in a book of this length, and with so many names and words that must be unfamiliar to any, but the most scientific of “spell checks”.

Chapters 2, 3 and 4 are devoted largely to the clinical aspects of diagnosis, classification and clinical characteristics, and the mechanisms of autoimmune haemolysis. Any reader, like me, coming to this book for the first time, should be made aware, however, that, whilst these chapters are heavily bias towards the clinical aspects, there is much to interest both the Clinical and Biomedical Scientist fraternities and sororities.

Chapters 5 and 6 describe the differential diagnosis of, and the serological investigation the immune haemolytic anaemias. In these chapters is an abundance of information, both for the clinicians, but I suspect, primarily for the laboratory workers. These two chapters alone are worth the cost of the book to most laboratories. When I was working in the hospital side of blood transfusion, I was vaguely aware of what the reference laboratories did to ascertain whether or not a clinically significant alloantibody were present, underlying an auto-antibody, but had no inkling of the true nature of what was involved; I suspect that I was not alone in this. Now, these tests are virtually an everyday occurrence for me, but I am sure that there are some people to whom these techniques remain a closed book. This should no longer be the case. Personally, I find the best way to learn a technique is to perform it, but the description of the techniques involved, and why they are employed, is laid out in such a concise way, but at the same time, in sufficient detail, that these chapters are easily the next best thing.

Chapter 7 deals with the specificities that can be expected (and in some cases, unexpected!) in autoimmune haemolytic anaemia, including how to differentiate between a “true” specificity, and a “mimicking” specificity.

Chapter 8 was where I found it hard going! This was the chapter on drug-induced haemolytic anaemia, and I will draw a thin veil over my ignorance, and suggest that other people, not least those at NBS-Sheffield Centre, are much more competent to comment than I.

Chapter 9 deals with unusual aspects of this disease, including the rare cases where there is definite AIHA, but the DAT is negative, where haemolysis due to a *de novo* auto-antibody follows transfusion of allogeneic blood, and where hyperhaemolysis, in the absence of either auto- or alloantibody occurs.

Chapter 10 is another that is of primary interest to all workers within the field of blood transfusion. This chapter deals with the transfusion of such patients, and is, once again, worth the price of the book alone for the knowledge imparted.

Chapter 11 deals with the management of the patients, and whilst of primary interest to the clinician, nevertheless contains much that can be assimilated by other workers in the field.

Chapter 12 is one of the “new” chapters, and deals with immune haemolysis associated with both solid organ and haemopoietic transplantation. This is a fascinating read and deals with an immense subject in such a way that it is made understandable and accessible to all, and is right up-to-date.

Chapter 13 deals with HDFN and, although not as comprehensive as, for example, the book devoted to this subject, *Alloimmune disorders of pregnancy*, edited by Hadley and Soothill, one would hardly expect it so to be. Notwithstanding that, it is a valuable chapter, and covers all of the aspects of HDFN seen commonly in the laboratory.

The final chapter deals with haemolytic transfusion reactions. Once again, this is comprehensive, and there is an absorbing section devoted to the difference between a delayed haemolytic transfusion reaction, and a delayed serological transfusion reaction, that I would recommend to all with an interest in this subject.

All in all, I would suggest that this book is an absolute must for all reference laboratories and hospital laboratories where AIHA is commonly seen, but I would further recommend that *all* laboratories purchase a copy, for reference if nothing else, as it is rare to find such a cornucopia of detailed information in one source.

Malcolm Needs
British Blood Transfusion Society
Newsletter #73, September, 2004, p.16.