

Clinical History

A 35-year-old woman with a history of prior Cesarean section (C-section) now presents at 39 weeks of gestation for repeat C-section. A sample (ethylenediamine-tetraacetic acid [EDTA] anticoagulant) is submitted to the blood bank for type and screen along with an order for two units of red blood cells (RBCs). The patient has no history of prior transfusion.

ABO/Rh/Antibody Screen

ABO/Rh (tube method)					
Patient RBCs (forward type)			Patient plasma (reverse type)		
Anti-A	Anti-B	Anti-D	A ₁ cells	B cells	
4+	0	3+	0	4+	

Antibody screen (tube LISS method)		
	37 °C	AHG
SC1	0	W+
SC2	0	0

Reaction scale = 0 (no reaction) to 4+ (strong reaction)

Tube Panel

Cell #	Rh-ir	Rh-ir									Kell				Duffy		Kidd		Lewis		MNS				P		Lutheran		Test results: IAT/tube LISS					
		D	C	E	c	e	f	C*	V	K	k	Kp ^a	Kp ^b	Jk ^a	Jk ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Le ^a	Le ^b	M	N	S	s	P ₁	Lu ^a	Lu ^b	IS	37 °C	AHG			
1	R ₁ R ₁	+	+	0	0	+	0	+	0	0	+	0	+	0	+	0	+	+	0	+	0	+	+	+	+	0	+	0	0	0	0	0		
2	R ₁ R ₁	+	+	0	0	+	0	0	0	+	+	0	+	0	+	+	+	0	0	+	+	+	+	0	0	0	+	0	0	0	0	0		
3	R ₂ R ₂	+	0	+	+	0	0	0	0	+	0	+	0	+	+	0	+	0	+	0	+	0	+	+	+	+	0	+	2+	0	0	W+		
4	R ₂ r	+	0	0	+	+	+	0	0	0	+	0	+	0	+	0	+	0	0	0	+	+	+	+	+	0	+	0	0	0	0	0		
5	r'r	0	+	0	+	+	+	0	+	0	+	0	+	0	+	0	+	+	0	+	0	0	+	0	+	+	0	+	2+	0	0	W+		
6	r'r	0	0	+	+	+	+	0	0	0	+	0	+	0	+	0	0	+	0	+	+	+	+	+	+	+	0	+	0	0	0	0		
7	rr	0	0	0	+	+	+	0	0	+	+	0	+	0	+	+	+	0	0	0	0	+	+	+	+	+	0	+	0	0	0	0		
8	rr	0	0	0	+	+	+	0	0	0	+	+	0	+	+	+	0	+	+	0	+	+	+	0	+	+	+	2+	0	0	0	W+		
9	rr	0	0	0	+	+	+	0	0	0	+	0	+	0	+	+	0	0	+	0	+	0	+	0	0	0	+	0	0	0	0	0		
10	rr	0	0	0	+	+	+	0	0	0	+	0	+	0	+	0	+	0	0	+	+	0	+	+	+	+	0	+	0	0	0	0		
11	R ₁ R ₁	+	+	0	0	+	0	0	0	0	+	0	+	0	+	+	0	+	0	+	0	+	0	+	0	+	0	+	2+	0	0	W+		
Patient cell																																0	0	0

Reaction scale = 0 (no reaction) to 4+ (strong reaction); S strong, W weak

- Anti-Lea is detected in this panel.
- Anti-V and anti-Kpa cannot be ruled out but are unlikely since these react more strongly at warm temperatures.
- Anti-Lea as well as anti-Leb antibodies are not usually clinically significant since they are cold reacting IgM antibodies, that do not cause haemolytic transfusion reactions or HDFN.
- Lewis antibodies are typically found in Le(a-b-) individuals.
- It is not uncommon for some women who are Lea+ or Leb+ to lose the Lewis antigen expression during pregnancy and develop Lewis antibodies.
- Warm reacting IgG anti-Lea has been found on rare occasions but is unlikely to cause HDFN as Lewis antigens are poorly expressed on neonatal RBCs
- IAT can be performed at strict 37 to see if weak reaction are no longer present.