

Objectives

- Describe workflows that can be used when dealing with unidentified reactivity.
- Discuss transfusion recommendations when dealing with unidentified reactivity.

So first, we must go back in time...

• Back to 2001: 11.27.2001 Jka, K

Speed up to 2015

71 year-old female

ABO/Rh: O Positive

- Hx: anti-K, anti-Jka

			Rh				MN	ISs		K	ell	Du	ffy	Ki	dd	Results
	D	С	E	С	e	M	N	S	S	K	k	Fy a	Fy b	Jk a	Jk b	SPRCA
1	+	+	0	0	+	+	+	0	+	+	+	0	+	+	0	4+
2	+	0	+	+	0	+	0	0	+	0	+	+	0	0	+	3+
3	0	0	0	+	+	0	+	+	+	+	+	0	+	+	+	4+

				Rh			Ko	ell			Du	ffy	Ki	dd	Lev	wis		MI	NS		SPRCA
		D	С	E	С	е	К	k	Кра	Крь	Fya	Fy ^b	Jka	Jkb	Lua	Lub	М	N	S	s	
1	R_2R_2	+	0	+	+	0	0	+	+	+	+	0	+	0	0	+	0	+	0	+	4+
2	r'r	0	+	0	+	+	0	+	0	+	0	+	+	0	+	+	+	0	0	+	4+
3	R_1R_1	+	+	0	0	+	0	+	0	+	0	+	0	+	0	+	0	+	0	+	2+
4	rr	0	0	0	+	+	0	+	0	+	0	+	+	+	0	+	+	0	+	0	4+
5	R_1R_1	+	+	0	0	+	0	+	0	+	+	0	+	+	0	+	0	+	0	+	4+
6	R ₂ R ₂	+	0	+	+	0	0	+	0	+	0	+	+	+	+	+	0	+	0	+	4+
7	rr	0	0	0	+	+	+	0	0	+	0	+	0	+	0	+	0	+	+	+	3+
8	rr	0	0	0	+	+	+	0	0	+	+	+	0	+	0	+	0	+	+	0	3+
9	rr	0	0	0	+	+	0	+	+	+	0	+	0	+	0	+	0	+	+	0	2+

Sample sent to CBC-IRL

				Rh			Ke	ell			Du	iffy	Ki	dd	Lev	wis		MI	NS		PEG IAT
		D	С	E	С	е	К	k	Кра	Крь	Fy ^a	Fy ^b	Jkª	Jkb	Lu ^a	Lu ^b	М	N	S	s	
1	R ₂ R ₂	+	0	+	+	0	0	+	+	+	+	0	+	0	0	+	0	+	0	+	Pos
2	r'r	0	+	0	+	+	0	+	0	+	0	+	+	0	+	+	+	0	0	+	Pos
3	R_1R_1	+	+	0	0	+	0	+	0	+	0	+	0	+	0	+	0	+	0	+	Pos
4	rr	0	0	0	+	+	0	+	0	+	0	+	+	+	0	+	+	0	+	0	Pos
5	R_1R_1	+	+	0	0	+	0	+	0	+	+	0	+	+	0	+	0	+	0	+	Pos
6	R_2R_2	+	0	+	+	0	0	+	0	+	0	+	+	+	+	+	0	+	0	+	Pos
7	rr	0	0	0	+	+	+	0	0	+	0	+	0	+	0	+	0	+	+	+	Pos
8	rr	0	0	0	+	+	+	0	0	+	+	+	0	+	0	+	0	+	+	0	Pos
9	rr	0	0	0	+	+	0	+	+	+	0	+	0	+	0	+	0	+	+	0	Pos

Sample sent to CBC-IRL

				Rh			K	ell			Du	ıffy	Ki	dd	Le	wis		M	NS		Ficin Treated
		D	С	E	С	е	К	k	Kp ^a	Кр ^b	Fy ^a	Fy ^b	Jkª	Jk ^b	Lu ^a	Lu ^b	М	N	S	s	
1	R ₂ R ₂	+	0	+	+	0	0	+	+	+	+	0	+	0	0	+	0	+	0	+	Pos
2	r'r	0	+	0	+	+	0	+	0	+	0	+	+	0	+	+	+	0	0	+	Pos
3	R_1R_1	+	+	0	0	+	0	+	0	+	0	+	0	+	0	+	0	+	0	+	Pos
4	rr	0	0	0	+	+	0	+	0	+	0	+	+	+	0	+	+	0	+	0	Pos
5	R_1R_1	+	+	0	0	+	0	+	0	+	+	0	+	+	0	+	0	+	0	+	Pos
6	R_2R_2	+	0	+	+	0	0	+	0	+	0	+	+	+	+	+	0	+	0	+	Pos
7	rr	0	0	0	+	+	+	0	0	+	0	+	0	+	0	+	0	+	+	+	Pos
8	rr	0	0	0	+	+	+	0	0	+	+	+	0	+	0	+	0	+	+	0	Pos
9	rr	0	0	0	+	+	0	+	+	+	0	+	0	+	0	+	0	+	+	0	Pos

				Rh			K	ell			Du	ffy	Ki	dd	Lev	wis		M	NS		DTT
		D	С	E	С	е	К	k	Кра	Кр ^b	Fyª	Fy ^b	Jk ^a	Jkb	Lu ^a	Lu ^b	M	N	S	s	
1	R ₂ R ₂	+	0	+	+	0	0	+	+	+	+	0	+	0	0	+	0	+	0	+	Weak Pos
2	r'r	0	+	0	+	+	0	+	0	+	0	+	+	0	+	+	+	0	0	+	Weak Pos
3	R_1R_1	+	+	0	0	+	0	+	0	+	0	+	0	+	0	+	0	+	0	+	Weak Pos
4	rr	0	0	0	+	+	0	+	0	+	0	+	+	+	0	+	+	0	+	0	Weak Pos
5	R_1R_1	+	+	0	0	+	0	+	0	+	+	0	+	+	0	+	0	+	0	+	Weak Pos
6	R ₂ R ₂	+	0	+	+	0	0	+	0	+	0	+	+	+	+	+	0	+	0	+	Weak Pos
7	rr	0	0	0	+	+	+	0	0	+	0	+	0	+	0	+	0	+	+	+	Weak Pos
8	rr	0	0	0	+	+	+	0	0	+	+	+	0	+	0	+	0	+	+	0	Weak Pos
9	rr	0	0	0	+	+	0	+	+	+	0	+	0	+	0	+	0	+	+	0	Weak Pos

Rare cells tested

Rare Cells	PEG IAT
Tj(a-)	Pos
K ₀	Pos
Kn -	Pos
Lan -	Pos
Sc:-3	Pos
Anwj -	Pos
Lu (a-b-)	Pos
Di(b-)	Pos
Yt(a-)	Pos
Vel-	Pos
JMH-	Pos

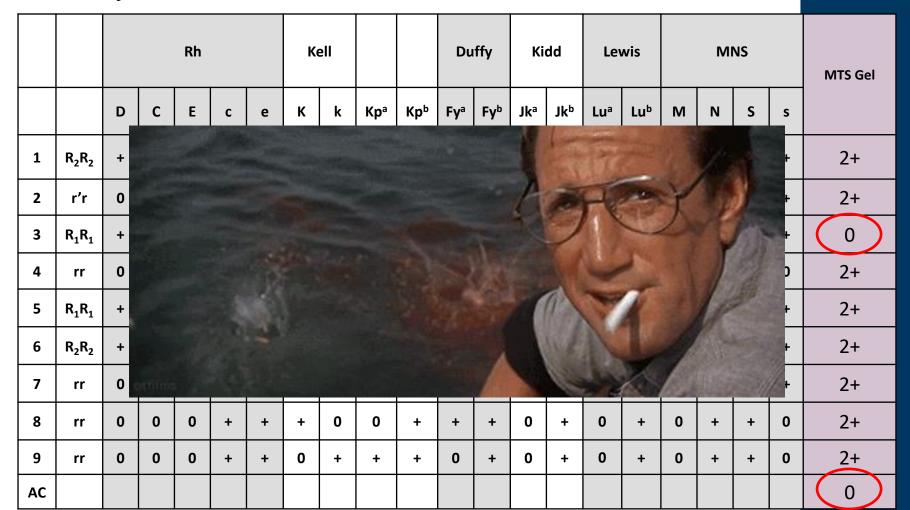
- Phenotype: C+, E+ c+ e+; K-; Fy(a+b+); Jk(a-b+);
 M-, N+, S-, s+; Lu(b+)
- At this time the reactivity is unidentified and clinical significance is unknown
- Recommend phenotypically matched RBCs and close monitoring of the patient – patient received 2 RBCs prior to workup completion

Patient arrives 2024

			Rh				MN	ISs		K	ell	Du	ffy	Ki	dd	Results
	D	C	E	c	e	M	N	S	S	K	k	Fy a	Fy b	Jk a	Jk b	SPRCA
1	+	+	0	0	+	+	+	0	+	+	+	0	+	+	0	3+
2	+	0	+	+	0	+	0	0	+	0	+	+	0	0	+	3+
3	0	0	0	+	+	0	+	+	+	+	+	0	+	+	+	4+

No real surprises but no real answers

Maybe it hates SPRCA?

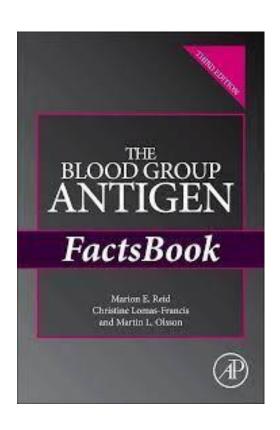


More helpful information:

Patient Notes:

SCREENING DATE	NOTE
	Other = unidentified reactivity against all cells in PEG and ficin; DTT treatment weakened reactivity





Ficin/ Papain	Trypsin	α-Chymo- trypsin	200 mM DTT/AET	Possible specificity
Negative	Negative	Negative	Positive	Bpa; Ch/Rg; XG
Negative	Negative	Negative	Negative	IN; JMH
Negative	Negative	Positive	Positive	M, N, EnaTS; Ge2, Ge4
Negative	Positive	Negative	Positive	'N'; Fy ^a , Fy ^b
Variable	Positive	Negative	Positive	S, s
Variable	Positive	Negative	Weak or negative	YT
Negative	Positive	Positive	Positive	EnaFS
Positive	Negative	Negative	Weak or negative	LU, MER2
Positive – Papain Weak or negative – Ficin	Negative	Negative	Negative	KN
Pesitive	Negative	Weak	Negative	DO
Positive	Positive	Negative	Weak	CROM
Positive	Positive	ivegative	Positive	Some DI (3rd loop)
Positive	Positive	Positive/weak	Negative	W.
Positive	Positive/weak	Positive/weak	Positive	SC
Positive	Positive^	Positive^	Negative	trypsin sensitive)
Positive	Positive	Positive	Positive	ABO; En ^a FR, U; P¹PK; Ri I) LE; Fy3; JK; most DI; CO; H Ge3; OK; M; P; FORS; JR LAN, Cs ^a ; ER; LKE, PX2; Vel, ABTI; At ^a ; Emm; AnWi Sd ^a ; PEL; MAM

 Without further delay, we decide to send a sample to the IRL at CBC...

				Rh			Ke	ell			Du	ffy	Ki	dd	Lev	wis		M	NS		PEG IAT
		D	С	E	С	е	К	k	Кра	Крь	Fy ^a	Fy ^b	Jkª	Jk ^b	Lu ^a	Lu ^b	M	N	S	s	
1	R ₂ R ₂	+	0	+	+	0	0	+	+	+	+	0	+	0	0	+	0	+	0	+	Weak Pos
2	r'r	0	+	0	+	+	0	+	0	+	0	+	+	0	+	+	+	0	0	+	Weak Pos
3	R_1R_1	+	+	0	0	+	0	+	0	+	0	+	0	+	0	+	0	+	0	+	Weak Pos
4	rr	0	0	0	+	+	0	+	0	+	0	+	+	+	0	+	+	0	+	0	Weak Pos
5	R_1R_1	+	+	0	0	+	0	+	0	+	+	0	+	+	0	+	0	+	0	+	Weak Pos
6	R ₂ R ₂	+	0	+	+	0	0	+	0	+	0	+	+	+	+	+	0	+	0	+	Weak Pos
7	rr	0	0	0	+	+	+	0	0	+	0	+	0	+	0	+	0	+	+	+	Weak Pos
8	rr	0	0	0	+	+	+	0	0	+	+	+	0	+	0	+	0	+	+	0	Weak Pos
9	rr	0	0	0	+	+	0	+	+	+	0	+	0	+	0	+	0	+	+	0	Weak Pos

				Rh			K	ell			Du	ffy	Ki	dd	Le	wis		M	NS		Ficin/DTT
		D	С	E	С	е	К	k	Кра	Кр ^b	Fy ^a	Fy ^b	Jkª	Jk ^b	Lu ^a	Lu ^b	M	N	S	s	
1	R ₂ R ₂	+	0	+	+	0	0	+	+	+	+	0	+	0	0	+	0	+	0	+	Weak Pos
2	r'r	0	+	0	+	+	0	+	0	+	0	+	+	0	+	+	+	0	0	+	Weak Pos
3	R_1R_1	+	+	0	0	+	0	+	0	+	0	+	0	+	0	+	0	+	0	+	Weak Pos
4	rr	0	0	0	+	+	0	+	0	+	0	+	+	+	0	+	+	0	+	0	Weak Pos
5	R_1R_1	+	+	0	0	+	0	+	0	+	+	0	+	+	0	+	0	+	0	+	Weak Pos
6	R ₂ R ₂	+	0	+	+	0	0	+	0	+	0	+	+	+	+	+	0	+	0	+	Weak Pos
7	rr	0	0	0	+	+	+	0	0	+	0	+	0	+	0	+	0	+	+	+	Weak Pos
8	rr	0	0	0	+	+	+	0	0	+	+	+	0	+	0	+	0	+	+	0	Weak Pos
9	rr	0	0	0	+	+	0	+	+	+	0	+	0	+	0	+	0	+	+	0	Weak Pos

- Nothing has worked yet.....
- IRL can try running cells again that are negative for high prevalence antigens!

Rare Cells	PEG IAT
Tj(a-)	
Kn -	
Lan -	
Sc:-3	
Anwj -	
Lu (a-b-)	

- Nothing has worked yet.....
- IRL can try running cells again that are negative for high prevalence antigens!

Rare Cells	PEG IAT
Tj(a-)	
Kn -	
Lan -	
Sc:-3	
Anwj -	
Lu (a-b-)	

- With no solid identification, CBC-IRL sent a sample to NYBC-IRL for further serologic testing
- CBC-IRL did recommend providing phenotypically matched RBC while the investigation continues
 - Sent 1 f-negative, K-negative, Jk(a-), S-negative unit prior to the completion of the workup

NYBC-IRL was able to provide some additional information:

ANTIBODY IDENTIFICATION AND PLASMA RESULTS:

Antibody to a high-prevalence antigen in the Cromer blood group system is suspected.

Anti-K reactive by PEG IAT.

Anti-Jka reactive by PEG IAT.

Suspected anti-Doa reactive by PEG IAT.

Cold autoantibody reactive in saline at 4C.

To facilitate the exclusion of additional alloantibodies, adsorption and elution studies were performed. No other unexpected antibodies were detected by PEG IAT in the absorbed plasma.

ELUATE RESULTS:

Due to recent transfusions, an acid eluate was prepared from the patient's red cells. The acid eluate was non-reactive with all panel cells tested by PEG IAT.

ADDITIONAL COMMENTS:

The patient's sample was submitted for additional DNA analysis of CROM (DAF). To the extent of the DNA-based testing performed, no changes were found associated with an altered Cromer phenotype (MA# 1905-24). It is possible that alterations in DAF that were not interrogated by our testing may exist.

Ficin/ Papain	Trypsin	α-Chymo- trypsin	200 mM DTT/AET	Possible specificity
Negative	Negative	Negative	Positive	Bpa; Ch/Rg; XG
Negative	Negative	Negative	Negative	IN; JMH
Negative	Negative	Positive	Positive	M, N, En ^a TS; Ge2, Ge4
Negative	Positive	Negative	Positive	'N'; Fy ^a , Fy ^b
Variable	Positive	Negative	Positive	S, s
Variable	Positive	Negative	Weak or negative	YT
Negative	Positive	Positive	Positive	EnaFS
Positive	Negative	Negative	Weak or negative	LU, MER2
Positive – Papain Weak or negative – Ficin	Negative	Negative	Negative	KN
rositive	Negative	Weak	Negative	DO
Positive	Positive	Negative	Weak	CROM
Positive	Positive	Negative	Positive	Some DI (3 rd loop)
Positive	Positive	Positive/weak	Negative	LW
Positive	Positive/weak	Positive/weak	Positive	SC
Positive	Positive^	Positive^	Negative	KEL^ (except KALT, which is trypsin sensitive)
Positive	Positive	Positive	Positive	ABO; En ^a FR, U; P1PK; RH; LE; Fy3; JK; most DI; CO; H; Ge3; OK; VI; P. FORS; JR;

- What now?
 - Unfortunately, there is not always an answer!
 - Unexpected reactivity should not be ignored, even if we aren't ever able to get a definitive answer
 - If able, phenotypically matched and/or emergent use only units can be given

Questions?