



Immunohematology Case Studies 2020 - #5

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Clinical History



- 21 year old Caucasian female at 40 weeks gestational age
- G2P1
- No history of blood transfusion

Serologic History



- The referring laboratory tested multiple panels
- Most cells were positive on these preliminary panels
- The referring facility suspected a possible anti-Jk^b with anti-E

Current Sample Presentation Data



ABO/Rh: B/D-positive

DAT: IgG- negative, C3b/d- negative

Antibody Screen Method: PeG-IAT and LISS-IAT
(Immucor enhancements, Alba Screen Cells)

Phenotype:

D+ C+ E- c+ e+, K-, Fy(a-b+), Jk(a+b+), M+ N- S+
S+

Preliminary Testing:



Phenotype: D+C+E-c+e+; K-; Fy(a-b+); Jk(a+b+); M+N-S+s+

Antibody Screen: PeG-IAT and LISS-IAT

Cell #	Rh-hr	Donor	Rh-hr								Kell					Duffy		Kidd		Lewis		MNS				P	Lutheran		Additional Antigens			TEST RESULTS								
			D	C	E	c	e	f	V	C ^w	K	k	Kp ^a	Kp ^b	Js ^a	Js ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Le ^a	Le ^b	M	N	S	s	P1	Lu ^a	Lu ^b	Xg ^a	Wr ^a	Special Types	IS	37	AMU	AMU ₂				
1	R ₁ R ₁	2768020059071	+	+	0	0	+	0	NT	+	0	+	0	+	0	+	+	+	0	+	0	+	0	+	+	+	+	0	+	+	0	+	+	0	+	+	0	0	0	0
2	R ₂ R ₂	6603030518015	+	0	+	+	0	0	NT	0	0	+	0	+	0	+	0	+	+	+	+	0	+	0	0	+	0	0	+	+	0	+	+	0	+	+	0	0	W+	+
3	rr	2768020217271	0	0	0	+	+	+	NT	0	+	+	0	+	0	+	+	0	+	0	0	+	+	+	+	0	0	0	+	+	0	+	+	0	+	+	0	0	+	+
Patient Cells																																								

Selected Cell Panel based upon phenotype:

	Supplier / Lot	Donor / RhHr - Vial	Rh-Hr								Kell					Duffy	Kidd	Lewis	P	MN				Luth	X	Additional Antigens	TEST RESULTS												
			D	C	E	c	e	C ^w	f	V	K	k	Kp ^a	Kp ^b	Js ^a	Js ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Le ^a	Le ^b	P1	M	N		S	s	Lu ^a	Lu ^b	Xg ^a	IS	AMU						
1	Medion 612018017	M4215CC rr #5	0	0	0	+	+	0	+	0	+	+	0	0	0	0	+	0	+	0	+	+	+	+	+	+	0	0	+	0	+	+	0	+	+	phenomatched	0	0	
2	Immucor 32438	G1834 rr #17	0	0	0	+	+	0	0	0	+	0	+	0	+	0	+	+	0	+	0	+	+	+	+	+	+	0	+	+	0	+	+	0	+	+		0	2+
3	Quotient V199497	2768020335325 R1wR1 #1	+	+	0	0	+	+	0	0	+	0	+	0	+	+	0	+	0	0	+	+	+	+	+	+	0	+	+	0	+	+	0	+	+	Wr(a-)	0	2+	
4	Immucor 33441	N2775 rr #14	0	0	0	+	+	0	0	0	+	0	+	0	+	0	+	+	0	0	+	0	0	+	0	+	0	+	+	0	+	+	0	+	+		0	0	
5	Immucor 34457	C6010 R2R2 #3	+	0	+	+	0	0	0	0	+	0	+	0	+	0	+	0	+	+	0	+	+	+	0	0	+	0	0	0	+	0	+	0	+	0		0	2+
6	Ortho-Clinical VRB249	302221 RzR1 #20	+	+	+	0	+	0	0	0	0	+	0	+	0	+	0	+	+	0	0	+	+	+	0	0	+	+	0	+	+	0	+	+	0	+	HLA+	0	4 ^s

Suspected anti-E, -K, and -Fy^a (demonstrating dosage, because screen cell #1 was negative and it poses only a single dose of the Fy^a antigen)

Challenge with the Current Presentation



An anti-E, –K, and –Fy^a (demonstrating dosage) were suspected

Question asked of the case:

Does the history of this patient make sense that she would have an anti-E, –K, and –Fy^a?

- She has never been transfused
- Second pregnancy, no complications

Answer: No, that doesn't make sense:

Additional Testing required

Interim Antibody Identification Possible Answers and Next Steps



- Negative cold panel and negative reactions at Ficin-Gel-IAT: autoantibodies not likely cause of reactions observed
- Gel-IAT panel excludes anti-Fy^a with two double dose cells, and anti-K with one single dose cell

Theory: A single antibody is present and causing these reactions.

What antibodies can cause this type of pattern?

Further Work



- All cells tested by the referring laboratory and the IRL were counted to obtain the prevalence of antigen positive cells

(Duplicate donor cells were not counted)

Serum Reactions	Referring Lab	IRL	Total
Positive	15	6	21
Negative	6	3	9

Total Tested: 30

Percent Positive: 70%

Approximately 70% of cells tested are presumed to be positive for the antigen characterized by this antibody.

Refer to the books: One antigen fits this picture

Further Work



- Do^a is present in approximately 67% of Caucasians
- Utilizing the fact that the Do^a antigen is sensitive to 0.2M DTT (dithiothreitol) treatment, the initial antibody screen was performed with 0.2M DTT treated cells, along with a 2 cell screen

Cell #	Rh-hr	Donor	Rh-hr								Kell				Duffy		Kidd		Lewis		MNS				P	Lutheran		Additional Antigens			TEST RESULTS				Cell #															
			D	C	E	c	e	f	V	C ⁺	K	k	Kp ^a	Kp ^b	*Js ^a	*Js ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Le ^a	Le ^b	M	N	S	s	P1	Lu ^a	Lu ^b	Xg ^a	Wr ^a	Special Types	IS	3+		AH ₀	AH ₁													
1	R ₁ R ₁	2768020059071	+	+	0	0	+	0	NT	+	0	+	0	+	0	+	+	+	0	+	0	+	0	+	+	+	+	+	0	+	+	+	+	+	0	+	+	0	+	0	+	+	0	+	0	0	0	0	0	1
2	R ₂ R ₂	6603030518015	+	0	+	+	0	0	NT	0	0	+	0	+	0	+	0	+	+	+	+	+	0	+	0	0	0	+	0	0	+	+	0	+	+	0	+	+	0	+	0	0	0	0	0	2				
3	rr	2768020217271	0	0	0	+	+	+	NT	0	+	+	0	+	0	+	+	0	+	0	0	+	0	+	+	+	0	0	0	0	+	+	0	+	+	0	0	0	0	0	3									
Patient Cells																																																		

Handwritten notes: 15' LSS, 15' Pch, 0.2M DTT AH₀ Pch

Cell #	Rh-hr	Donor	Rh-hr								Kell				Duffy		Kidd		Lewis		MNS				P	Lutheran		Additional Antigens			TEST RESULTS				Cell #											
			D	C	E	c	e	f	V	C ⁺	K	k	Kp ^a	Kp ^b	*Js ^a	*Js ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Le ^a	Le ^b	M	N	S	s	P1	Lu ^a	Lu ^b	Xg ^a	Wr ^a	Special Types	IS	3+		AH ₀	AH ₁									
1	R ₁ R ₁	1000110042	+	+	0	0	+	0	0	0	+	+	0	+	0	+	+	+	0	+	+	0	0	+	+	+	+	+	+	+	+	+	0	0	+	+	+	+	0	+	2+	0	0	0	0	1
2	R ₂ R ₂	1000249398	+	0	+	+	0	0	0	0	0	+	0	+	0	+	+	0	+	0	0	+	0	0	0	0	0	+	+	0	+	0	0	0	+	+	0	+	0	+	2+	0	0	0	0	2

Handwritten notes: 0.2M DTT, MTS, MTS

Further Work



Do(a-) and Do(a+) panels were selected and tested in parallel

Do(a-) panel Results:

	Supplier / Lot	Donor / RhHr - Vial	Rh-Hr										Kell					Duffy	Kidd	Lewis	P	MN			Luth	X	Additional Antigens	MRS lab is							
			D	C	E	c	e	C ^w	f	V	K	k	Kp ^a	Kp ^b	Js ^a	Js ^b	Fy^a	Fy ^b	Jk ^a	Jk ^b	Le ^a	Le ^b	P1	M	S	S			s	Lu ^a	Lu ^b	Xg ^a			
1	Immucor 34457	G1376 rr #7	0	0	0	+	+	0		0	+	+	0	+	0	+	+	+	+	0	+	0	+	0	+	0	+	+	+	+	+	+	*	Do(a-)	0
2	Immucor 34457	N3072 rr #9	0	0	0	+	+	0		0	0	+	0	+	0	+	+	0	0	0	+	+	0	+	0	+	0	0	+	+	+	+	+	Lu:14 * Do(a-)	0
3	Immucor 34457	B2849 R1R1 #TC	+	+	0	0	+	0		0	0	+	0	+	0	+	0	+	+	+	0	+	0	+	0	+	0	+	+	+	+	+	+	Wr(a+) * Do(a-)	0
4	Immucor 30412	A1408 RzR1 #1	+	+	+	0	+	0		0	0	+	0	+	0	+	0	+	0	+	+	+	0	+	+	0	+	+	0	+	+	+	+	Do(a-), Do(b+) *	0
5	Immucor 30412	D1962 Ror #4	+	0	0	+	+	0		+	0	+	0	+	+	+	0	0	+	0	0	+	+	+	0	+	0	+	+	+	+	+	+	Do(a-), Do(b+), Hy-, Jo(a-), VS+	0
6	Immucor 35462	A4554 R1R2 #11	+	+	+	+	+	0		0	0	+	0	+	0	+	0	0	+	0	+	0	+	0	0	+	0	+	0	+	+	+	+	Mi(a+), Mur+ Do(a-)	0

* Indicates cells which the Dombrock type is predicted from genotyping performed by Immucor

The originally suspected anti-E, -K, and -Fy^a have been excluded with Do(a-) cells.

Anti-K has now been excluded with two single dose cells.

(slide 7 and this panel), permitted by laboratory procedure

Genotyping Results



HEA BioArray (Immucor)

Patient predicted to be
Do(a-b+)

Blood Group	Antigen	Result	Comments
Rh	c	+	
	C	+	
	e	+	
	E	0	
	V	0	
Kell	VS	0	
	K	0	
	k	+	
	Kp ^a	0	
	Kp ^b	+	
Duffy	Js ^a	0	
	Js ^b	+	
	Fy ^a	0	
Kidd	Fy ^b	+	
	Jk ^a	+	
MNS	Jk ^b	+	
	M	+	
	N	0	
	S	+	
	s	+	
Lutheran	U	+	
	Lu ^a	0	
Diego	Lu ^b	+	
	Dj ^a	+	
Colton	Dj ^b	+	
	Co ^a	+	
Dombrock	Co ^b	0	
	Do ^a	0	
	Do ^b	+	
	Hy	+	
Landsteiner-Wiener	Jo ^a	+	
	LW ^a	+	
Scianna	LW ^b	0	
	Sc1	+	
	Sc2	0	

Blood Group	Polymorphism	Result
Rh	307C>T (RhCE-P103S)	AX
	109-bp Ins (RhCE-109Ins)	AB
	676G>C (RhCE-A226P)	AA
	1006G>T (RhCE-G336C)	AA
	733C>G (RhCE-L245V)	AA
Kell	698T>C (K1/K2)	BB
	981T>C (Kp)	BB
	1910C>T (Js)	BB
Duffy	125G>A (FYA/FYB)	BB
	-87T>C (GATA)	AA
	285C>T (FY-285)	AA
Kidd	838G>A (JKA/JKB)	AB
MNS	59C>T (GPA)	AA
	143T>C (GPBS)	AB
	+5G>T (GPB-Int5)	AA
	230C>T (GPB-230)	AA
Lutheran	230A>G (LUA/LUB)	BB
Diego	2581T>C (DIA/DIB)	AB
Colton	134C>T (COA/COB)	AA
Dombrock	793A>G (DO-793)	BB
	323G>T (DO-323)	AA
	350C>T (DO-350)	AA
Landsteiner-Wiener	308A>G (LWA/LWB)	AA
Scianna	189G>A (SC1/SC2)	AA

Conclusions



- Anti-Do^a was identified
- The patient is homozygous for *DO*B*
- The patient's predicted phenotype is Do(a–b+)
- There were no complications with the pregnancy or neonate
- The anti-Do^a was likely stimulated as a result of the first pregnancy

Summary of Case Challenges



- Anti-Do^a is rarely observed as a monospecific specificity
- Antibody identification panels often do not have Dombrock typings
- The pattern observed in the antibody identification panels could have been misinterpreted as multiple antibodies
- If the antibodies had been misidentified as an anti-K with others, the patient likely would have undergone additional procedures that were unnecessary because of the risk of HDFN due to anti-K

Lessons Learned by the Case



- It is important to reconcile the history of a patient to the test results
- The prevalence of an antigen can be utilized to help guide testing
- Genotyped panel cells are imperative to identify some antibody specificities
- “Stray” positive or negative reactions should not be ignored, they may aid in the identification
- Anti-Do^a is usually observed in a mixture of antibodies, but there are a few reported cases of anti-Do^a caused by pregnancy

ISBT Terminology of the System



Dombrock Blood Group System

ISBT Symbol: DO (014)

Antigens: 10

Short arm of chromosome 12 (12p12.3)

Gene: *ART4*

Reference Allele: *DO**A

Exons: 3

Entrez Gene ID: 420

Genomic Sequence: NG_007477.1

Brief Review of the Blood Group System or Antibody



The Dombrock (DO) system is encoded by the *ART4* gene, with 3 exons, which is located on the short arm of chromosome 12. There are 10 antigens recognized by the ISBT. Semi-automated genotyping platforms predict the Do^a and Do^b antigens using the c.793A>G change.

Anti-Do^a and -Do^b can cause delayed hemolytic transfusion reactions yet are notoriously elusive in vitro. Because no licensed antisera exist and polyclonal (human-derived) antisera are not readily available, DNA testing has become the standard for predicting the DO antigens for patients and donors.

References/ Acknowledgement



Working Party on Red Cell Immunogenetics and Blood Group Terminology. Names for DO (ISBT 014) blood group alleles v4.0 160623. Amsterdam: International Society of Blood Transfusion, 2016.

Table of blood group antigens v.9.0_12th July 2019. Amsterdam: International Society of Blood Transfusion, 2019.

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