Hemoglobinopathies in Pregnancy

Pregnancy ECHO

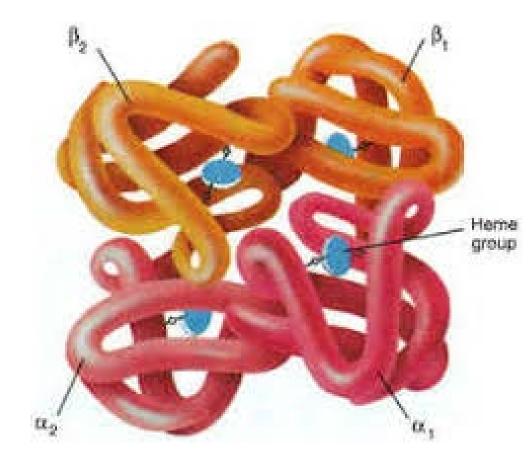
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Hemoglobin structure

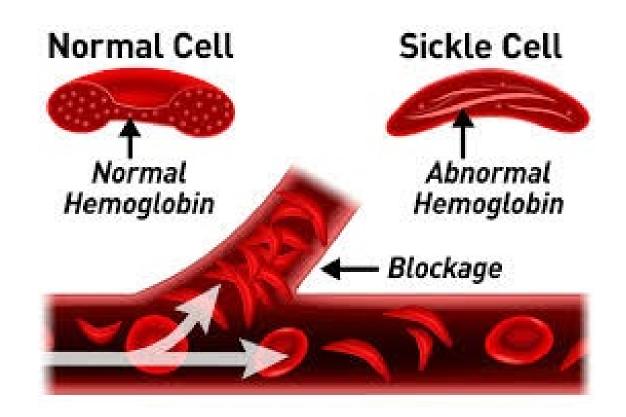


- 4 interlocking polypeptide chains with attached heme molecules
 - Hemoglobin A = 2 alpha + 2 beta
 - Hemoglobin F = 2 alpha + 2 gamma
 - Hemoglobin $A_2 = 2$ alpha + 2 delta
- Hemoglobinopathies = single-gene disorders
 - Structural hemoglobin variants
 - Thalassemias



Sickle cell disease – pathophysiology

- A group of autosomal recessive disorders of beta globin structure
 - Hb S
 - Hb C
- Under conditions of decreased oxygen tension, red blood cells become distorted
 - Vaso-occlusion
 - Hemolysis





Sickle cell disease – complications

- Pain: distinguish acute painful episode from life-threatening crisis
- Infection: bacteremia, meningitis, pneumonia
- Multiorgan failure: requires prompt exchange transfusion
- Anemia: chronic compensated hemolysis, crises
- Neurologic: stroke, TIA, epilepsy, PRES
- **Pulmonary**: acute chest syndrome, pulmonary hypertension
- Renal: chronic kidney disease, hypertension, renal infarct
- Skeletal: dactylitis, osteoporosis, osteomyelitis, avascular necrosis
- Cardiac: cardiomyopathy, myocardial infarction, dysrhythmia
- Hepatobiliary: acute ischemia, transfusional iron overload
- **Pregnancy**: IUGR, IUFD, preeclampsia



Thalassemias

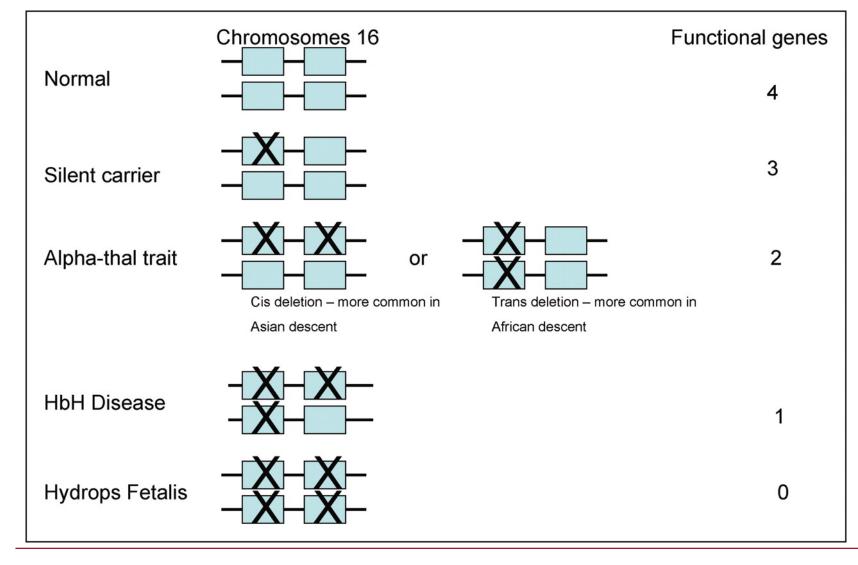
- Reduced synthesis of globin chains* leading to microcytic anemia
- Classified according to globin chain affected
 - Alpha
 - Beta
- Different molecular mechanisms arose in different parts of the world

*Can also have structural changes in alpha globin chains (Hb Constant Spring, Hb Qong Sze), but these are much less common.



Alpha thalassemia

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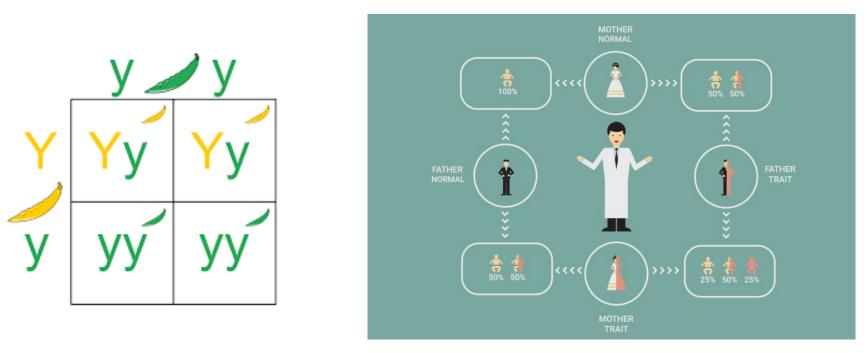


Beta thalassemia

- Mutation in beta globin gene causing either absent or deficient beta chain production
- Heterozygotes have beta-thalassemia minor
 - Often seen in association with Hb S
 - If no normal beta chain production, results in clinically severe sickle cell-beta thalassemia with no production of Hb A
- Homozygotes have either beta-thalassemia major or betathalassemia intermedia
 - Depends on the degree of beta chain production associated with the specific mutation



Genetic counseling

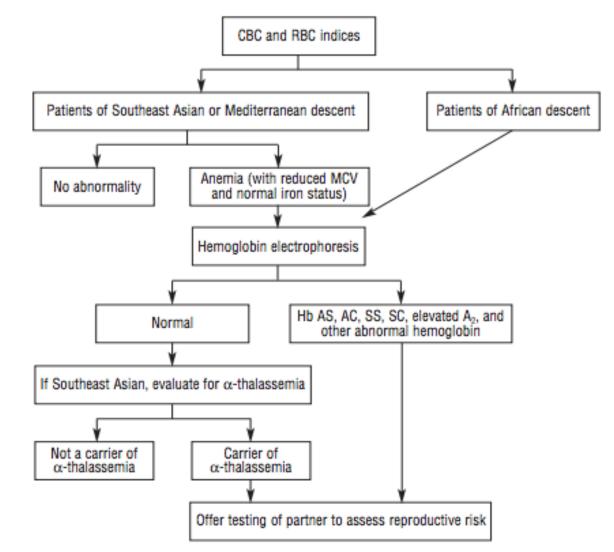


- Hemoglobinopathies are heritable conditions
 - Autosomal recessive, with some caveats
 - Ethnicity not always a good predictor of risk



Screening

- Start with CBC/MCV
 - Part of routine prenatal labs
- Hemoglobin electrophoresis
 - African descent
 - Microcytic anemia with normal ferritin
 - Solubility testing inadequate
- DNA-based testing for alpha globin gene deletions
 - Microcytic anemia with normal ferritin AND normal hemoglobin electrophoresis





Summary of clinical pearls

- Offer carrier screening to individuals at increased risk for being hemoglobinopathy carriers
- CBC and hemoglobin electrophoresis are appropriate initial lab tests for hemoglobinopathy screening
 - NOT solubility testing
- Offer genetic counseling to couples at risk for having a child with sickle cell disease or thalassemia
- Pregnant women with sickle cell disease or thalassemia should be co-managed with hematology and MFM



Questions?

