

Transfusion Management Of An RHCE*ceMO/ceMO Patient **Undergoing Liver Transplantation**

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Introduction

- 37-year-old female listed for deceased donor liver transplant due to primary sclerosing cholangitis
- History of anti-C, anti-e-like specificity, and anti-K from outside facility
 - Anti-e not demonstrating in current specimen
 - *RHCE* genotyping performed due to anti-e-like specificity in an e+ patient.
- Homozygous RHCE*ceMO/RHCE*ceMO
- Predicted phenotype C-, E-, partial c+, partial e+^w, V-, VS-, hr^B-, hr^S-, CEVF(Rh61)-
- At risk for anti-E, anti-c, anti-hr^B, anti-hr^S, anti-CEVF production
- Anticipate a minimum of 6 RBC needed for surgery
- Not a candidate for autologous donation, and no genotype matched donors could be located
- Plan to give C-, e-, K- for transplant based on known antibody history
- Two frozen -D- units on hold for potential posttransplant complications

Materials and Methods

- Antibody history and *RHCE* variant genotype results obtained from outside facility
- Antibody identification (ID) performed by Sold Phase Red Cell Adherence (SPRCA) and gel column agglutination test (CAT).
- ABORh determined by automated microplate method using commercial reagents.
- Compatibility testing performed by manual CAT

Results

- ABORh was A positive.
- Antibody ID by SPRCA identified anti-C and anti-K (Figure 1)
 - All additional antibody specificities ruled out
- Twelve C-, e-, K- volunteer donor RBC units crossmatched on day of surgery were incompatible
- Antibody ID repeated by CAT identified anti-E (Figure 2)
- Decision was made to give E- (presumed e+) for transplant due to new anti-E
- Twelve C-, E-, K- volunteer donor RBC crossmatched by CAT were compatible

Figure 1: Pre-Operative specimen – Solid Phase Red Cell Adherence

Historical anti-K demonstrating. Equivocal results on cell #1 (attributed to anti-C) and cell #6 may have been due to anti-E reactivity, though cell #3 (R_2R_2) was non-reactive.

PC = positive control, NC = negative control, ? = equivocal result.

Cell	D	с	c	¢	e	к	k	Kp ^a	Ke ^k	۶	J ₅Þ	Exa	Exp	<u>,1k</u> a	Jk⊧	Le ^a	Le ^b	P ₁	м	N	s	s	Lu ^a	<u>ليب</u> ه	Xga		Results
1	+	+	0	+	+	0	+	0	+	0	+	0	+	+	+	0	+	0	+	+	+	0	0	+	+		?
2	+	+	0	0	+	0	+	0	+	0	+	+	+	+	+	+	0	+	0	+	0	+	+	+	+		0
3	+	0	+	/	0	0	+	0	+	0	+	+	+	+	+	w	+	+	0	+	0	+	0	+	0		0
4	+	0	+	0	+	0	+	0	+	+	+	0	0	+	+	0	+	+	0	+	0	+	0	+	0		0
5	0	+	+	0	+	+	+	0	+	0	+	+	w	+	+	0	0	0	+	+	+	0	0	+	+		1+
6	0	0	+	+	+	0	+	0	+	0	+	+	+	0	+	0	+	+	+	+	+	+	0	+	+		?
7	0	0	+	0	+	0	+	0	+	0	+	0	+	+	+	+	0	+	+	0	+	0	0	+	0		0
8	0	0	+	0	+	+	+	0	+	0	+	0	+	0	+	0	+	0	+	+	0	+	0	+	+		?
9	0	0	+	0	+	0	+	0	+	0	+	+	0	+	0	0	+	+	+	+	0	+	0	+	+		0
10	0	0	+	0	+	0	+	0	+	0	+	+	0	0	+	+	0	+	+	0	0	+	0	+	+		0
11	0	0	+	0	+	+	+	0	+	0	+	+	0	0	+	0	0	+	0	+	0	+	+	+	+		2+
12	0	0	+	0	+	0	+	+	+	0	+	+	+	+	0	0	+	+	+	+	+	+	0	+	+		0
13	0	0	+	0	+	0	+	0	+	0	+	+	0	+	0	+	0	+	+	+	+	+	0	+	+		0
14	+	+	+	+	+	0	+	0	+	0	+	+	0	0	+	0	+	0	+	0	0	+	0	+	+		0
15	1	1	1	1	/	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1	1	1	1	1	PC	4+
16	/	/	/	1	/	/	/	1	1	/	1	/	1	/	1	/	1	/	7	7	/	/	1	/	/	NC	0

Figure 2: Pre-Operative specimen – Column Agglutination Test

Positive reactivity with cells #3 and #TC consistent with anti-E. Anti-C and anti-K also demonstrable on CAT ID panel. **AC-Autocontrol**

Cell	D	с	c	E	e	к	k	Kpª	Kep	ļs ^a	<u>Js</u> k	<u>Ev</u> ª	Exp	<u>Jk</u> a	Ί¢¢	Le ^a	Le ^b	P ₁	м	N	S	s	Luª	Lu ^k	Xga	Results
1	+	+	0	0	+	+	+	0	+	0	+	0	+	+	0	0	+	+	+	+	+	0	0	+	0	2+
2	+	+	0	0	+	0	+	0	+	0	+	+	+	+	0	0	+	+	+	+	+	+	0	+	0	2+
3	+	0	+	+	0	0	+	+	+	0	+	0	+	+	+	0	0	0	+	+	0	+	0	+	+	2+
4	+	0	+	0	+	0	+	0	+	0	+	0	0	+	0	0	+	+	0	+	0	0	0	+	+	0
5	0	+	+	0	+	0	+	0	+	0	+	+	+	+	+	0	+	0	0	+	0	+	0	+	+	1+
6	0	0	+	+	+	0	+	0	+	0	+	+	w	0	+	0	+	+	+	0	+	0	0	+	+	0
7	0	0	+	0	+	+	+	0	+	0	+	0	+	0	+	0	+	+	+	+	+	+	0	+	+	2+
8	0	0	+	0	+	0	+	0	+	0	+	+	0	+	+	+	0	0	0	+	+	+	0	+	0	0
9	0	0	+	0	+	0	+	0	+	0	+	0	+	0	+	+	0	+	+	0	0	+	0	+	+	0
10	0	+	0	0	+	0	+	0	+	0	+	+	0	0	+	0	+	+	0	+	0	+	0	+	+	0
TC	+	0	+	+	0	0	+	0	+	0	+	0	0	0	+	0	+	+	+	+	+	+	+	+	0	2+
AC																										1+

Results

value was collected post-operatively.



Figure 4: Timeline of Events transplant follow up. Day 0 is day of transplant.



- unmatched RBC in circumstances where life-saving procedures are necessary.
- Consideration of antibody specificity, expected clinical significance, need for transfusion and associated transfusion risks should be considered when giving unmatched products.

