Katy Cockerham

Microangiopathic Hemolytic Anemias

Consists of two syndromes: Hemolytic Uremic Syndrome
Thrombotic Thrombocytopenic Purpura

Hemolytic Uremic Syndrome (HUS)

Usually follows a prodromal diarrhea illness
Most common cause is E coli 0157:H7
Presents with petechiae/purpura, hypertension, oliguria
Coagulation studies: Usually normal
Treatment: Supportive with possible dialysis
Prognosis: good

Thrombotic Thrombocytopenic Purpura

Unknown cause, possibly due to an antibody inhibitor to ADAMST13 a protease that cleaves multimers of VWF

Classic Pentad: FAT RN

F fever
A anemia
T thrombocytopenic purpura

R renal diseas
N neurologic abnormalities

Coagulation studies: Usually normal
Treatment: Plasma exchange
Can have relapses

Comparisons Between HUS, TTP, and Disseminated Intravascular Coagulation (DIC)

	HUS	TTP	DIC
Age	Children	Adults	Adults
CBC	Anemia	Anemia and thrombocytopenia	Anemia and thrombocytopenia
Peripheral smear	MAHA*	MAHA	MAHA
Clinical manifestation	Predominantly renal	Predominantly CNS	Reflects the underlying illness
Treatment	Supportive	Plasmapheresis, steroids	Heparin and blood components
Prognosis	Good	Poor	Generally poor