



# Paroxysmal nocturnal anemia significance of susceptible communities and autoimmune hemolytic anemia

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## DESCRIPTION

The unique autoimmune hemolytic anemia's are distinguished by the sudden and unexpected damage (hemolysis) of red blood cells at a rate faster than they can be rebuilt. Hemolytic anemia's that are acquired have non-genetic causes. Idiopathic acquired autoimmune disorders occur when the body's natural defenses against invading organisms (such as lymphocytes, antibodies, and so on) mistakenly attack healthy tissues. After about 120 days of life, the spleen usually removes red blood cells (also known as erythrocytes). The lifespan of red blood cells and the rate at which bone marrow replaces these cells determine the severity of this type of anemia.

Doctors can use the Coombs test to fairly reliably determine whether or not red blood cells are transporting compounds that the body incorrectly identifies as "enemies" and damages. Acquired autoimmune hemolytic anemia can occur in people who previously had a healthy red blood cell system. The condition may arise from or coexist with another medical condition, in which case it is considered "secondary" to that ailment. Because a precipitating factor is less frequently present, it occurs by itself. Warm

antibody hemolytic anemia and cold antibody hemolytic anemia are the two types of acquire-d autoimmune hemolytic anemia. Warm antibody hemolytic anemia occurs when self-produced antibodies (autoantibodies) attach to and kill red blood cells at temperatures above body temperature. Cold antibody hemolytic anemia, on the other hand, occurs when self-produced antibodies (autoantibodies) attach to and kill red blood cells at temperatures below the body's normal range.

Signs and Symptoms of Autoimmune Hemolytic Anemia in general, symptoms of acquired autoimmune hemolytic anemia are similar to those of other anemia's and may include fatigue, pallor, a rapid heartbeat, shortness of breath, dark urine, chills, and backache. In severe cases, the spleen may grow and there may be jaundice, or skin yellowing. If the autoimmune hemolytic anemia follows, the symptoms of the other cause may be more noticeable. During an autoimmune reaction, the patient's possess immune system loses red blood cells. People who already have an autoimmune disorder, such as lupus, are at a higher risk of developing the disorder. The use

of specific medications by specific people. Some examples include penicillin, quinine, methyldopa, and sulfonamides. A reduction in red blood cells is a symptom of hemoglobinuria, a condition caused by a flaw in the red blood cell membrane. The primary symptom of the condition is hemoglobinuria, which is caused by the breakdown of red blood cells. Pallor, excruciating back or stomach pain, skin yellowing (jaundice), and liver and spleen swelling are all possible symptoms. Chronic lymphatic leukemia is distinguished by excessive production of white blood cells in the bone marrow, spleen, liver, and blood. As the disease progresses, leukemic cells invade various body parts, including the lymph nodes, kidneys, gonads, lungs, intestinal tract, and kidneys. Chronic lymphatic leukemia symptoms include

fatigue, weakness, itching, excessive sweating, abdominal pain, and weight loss. Usually, a physical examination reveals an enlarged spleen. A complication of this type of leukemia is Acquired Autoimmune Hemolytic Anemia. If hemolytic anemia is suspected, blood will be tested to determine the ratio of immature red blood cells to mature ones. If the ratio is high, hemolytic anemia is likely. A different blood test (the Coombs test) is performed to determine whether the level of certain antibodies is higher than normal. If this is the case, autoimmune hemolytic anemia could be the source of the problem.