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HEMOLYTICAL DISSEASE OF THE NEWBORN (C SENSIBILISATION) – A CASE REPORT

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5 Days old term neonate (BW 4000 g, Apgar score 6/7/7) was transferred from Obstetric Clinic suspected to have viral hepatitis. At admission with stabile vital parameters, but present hepato-splenomegaly along with jaundice. Initial laboratory findings were: Hb 115 g/dl, RBC 3.0 , WBC 18.5, Htc 30%, PLT 149; Total bilirubin 240 micromol/l (indirect 130), AST 134 U/l, ALT 86 U/l, GGT 151 U/l, Serum Fe 39 micromol/l, Blood type was 0, Rh +(from a 0, Rh + mother), with Coombs (direct and indirect, were positive. Complete and non-complete cold isoaglutinogenes were detectible. Over the next several hours the childs state was worsening with dramatic progression of the anemia, followed by an increase in serum levels of iron (Hb 70 g/dl, Er 1.9 and serum Fe 49 micromol/l), requiring immediate transfusion of whole blood, but since it was obviously extremely sensibilised, it was essential to determine Rh genotype of the red blood cells of the mother as well as the child's', and to detect the respective antibodies in the serum of the child. Rh genotype of the mother was Cde/Cde, the child Rh genotype was Cde/cDe, while in the child serum high titer of Anti c Antibodies was also detected. After this investigation a transfusion of filtrated erythrocytes with no presence of c – Antigen on its membrane. When having hemolysis in ABO and Rh (D) compatible mother and child other uncommon sensibilisations to other erythrocyte antigens, especially those from Rh system, should be taken into consideration.