

Blood Day for Primary Care

How do I approach and work up a patient with pancytopenia?





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Objectives

- 1. Define pancytopenia
- 2. Identify some causes of pancytopenia
- 3. Identify situations where urgent referral to the hematologist is necessary

Which of the following is not true in patients with pancytopenia?

- a. Bone marrow examination is always necessary
- b. Alcohol can be a contributing cause
- c. Megaloblastic anemia can be a cause
- d. Hypothyroidism can be a cause





Referral to Hematology

Dear Doctor, Re: Patient X

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TEST NAME
                                    VALUE
                                             UNITS
                                                          REFERENCE RANGES
                                                                            ABNORMALITY
WBC
                                    1.2
                                             x 10 9/L
                                                          4.5 - 11.0
RBC
                                             × 10 12/L
                                                          4.4 - 5.9
RGB
                                    106
                                             g/L
                                                          140 - 180
HCT
                                    0.325
                                             L/L
                                                          .40 - .52
MCV
                                    96.7
                                             ťL
                                    31.5
                                                          26 - 34
MCHC
                                             g/L
                                                          320 - 365
SEPIMENTATION RATE
                                                          Ped: 0-10, Adult: 0-15H
SEGMENTED NEUTROPHILS
BAND NEUTROPHILS
LYMPHOCYTES AL
                                                         22 - 52
MONOCYTES ....
                                                          5 - 12
EOSINOPHILS
BASOPHILS .
MORPHOLOGYO1
                                    Essentially normal
MORPHOLOGY02
                                    Platelets appear slightly decreased
ABS, NEUTROPHIL COUNT
                                    0.07
                                             × 10 9/L
PLATELET COUNT
                                             x 10 9/L
                                                          140 - 440
Sending App: LABSTREAMS Sending Facility: UNICITY LABS ST. BONIFACE
Receiving App; MEDIFILE Receiving Facility: ST. BONIFACE CLINIC
Time Stamp; Nov 18, 2013 14:35 . Disk File:
                                        ***** Legend *****
Abnormal Flags: N = Normal;
                                    H - High Value:
                                                           L = Low Value
              - - Not Specified;
                                   * = Abnormal Alpha;
Result Status: C=Corrected/
                                   F-Complete;
```





Pancytopenia

- Definition: Two or three cell lines abnormal (WBC, Hb, Platelets)
- Almost always a bone marrow production problem
 - Malignancy, fibrosis, dysplasia, aplastic anemia
- Exceptions: cirrhosis, paroxysmal nocturnal hemoglobinuria, connective tissue disease





Pancytopenia

- If abnormalities are mild- repeat bloodwork before evaluating further
- If MCV elevated ensure that a blood smear is looked at and a Vitamin B12 level done to rule out megaloblastic anemia
- If the counts are done in a patient with known cancer on chemotherapy then it is likely expected with the treatment, although consult with the oncologist as required



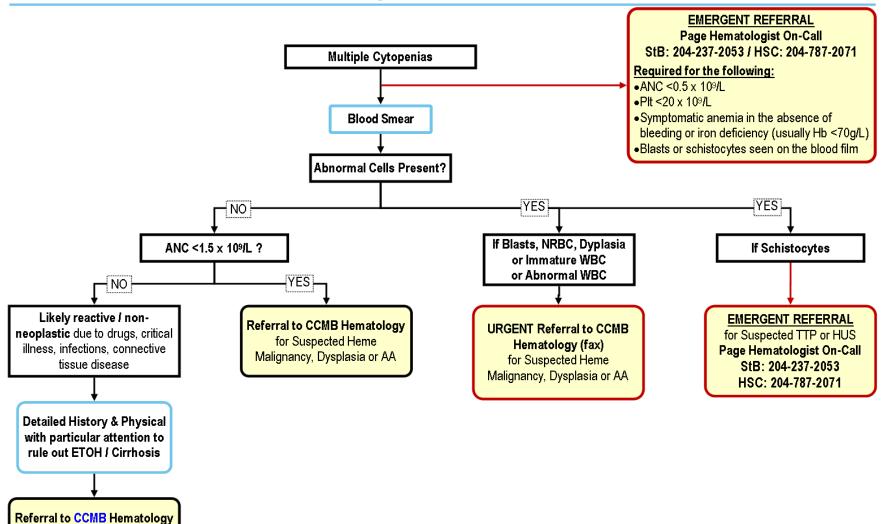


Pancytopenia

- Urgent referral if ANC less than 1.0 x 10e9/L, Hb less than 70 g/L and/or platelet count less than 50 x 10 e9/L send consult and order more bloodwork concurrently
- Emergent referral if the above and ANC less than 0.5 and/or platelet count less than 20- page the hematologist on-call
- Emergent referral if blast cells or schistocytes seen on the peripheral blood film









if persistent / symptomatic cytopenia



Pancytopenia – Work Up

- CBC and differential, retic count, blood film
- INR, Vitamin B12 level
- HIV, Hepatitis B and C serology
- Liver enzyme panel, bilirubin, Renal function
- ANA, Rheumatoid factor
- Direct antiglobulin test



If urgent referral is NOT required

- Review history- drugs, autoimmune disease, infectious risks, fevers, night sweats, unexplained weight loss, alcohol/liver disease, hypothyroidism, symptoms related to counts
- Review physical exam- lymphadenopathy, splenomegaly, petechiae, stigmata of liver disease, signs of connective tissue disease





Drugs causing pancytopenia

- Note that most drugs will not cause severe pancytopenia and consult should not be delayed
- Some drugs known to cause pancytopenia
 - Anti-neoplastic drugs (expected effect)
 - Anti-convulsants
 - Anti-thyroid drugs





Take Home Messages

- A patient with marked pancytopenia should be referred to the hematologist without delay
 - Include history and physical assessment, list of medications, and all bloodwork
- Can use algorithm to help determine timing of when to consult the hematologist





Questions?

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