

SURAT RAKTADAN KENDRA & RESEARCH CENTRE **ABO Blood Group Discrepancies**



certain diseases like leukemia (possible lose of antigen-A)

Errors in blood typing results caused by interference from auto

antibodies, Tuberculosis, Pregnancy, sickle cell anemia with auto

immuno haemolytic anemia, auto -immuno haemolytic anemia

Group IV discrepancy

NABR

eP102

autoconrtol

Repeat all pooled "O" cell with

Anti-human globulin at 4 C and 22

C and auto control

"AB" GROUP

WITH AUTO

ANTIBODIES

"AB" GROUP

Mr. Chintan N. Champaneriya (Technician) Mo No.- 8160059712 (chintansrkrc@gmail.com)

Dr. Kruti Dumaswala, Dr. Rinku Shukla, Mrs. Keyuri Jariwala

Background & Objectives:

ABO discrepancy is any deviation from the expected pattern of red-cell antigen grouping with serum-grouping or when the forward-grouping results do not correlate with reverse-grouping results. This study was done to determine the incidence and causes of ABO-discrepancies and to identify the correct blood group for safe blood transfusions.

Materials & Methods: In this study, there were 57950 samples collected between year of January 2020 to December 2023. All ABO typing was completed and records are maintained at the Surat Raktadan Kendra & Research Centre. ABO

typing was done which included forward cell grouping and reverse serum grouping by 2 methods.

(a) Tube method: For forward grouping reagents used were as follows: Anti-A and Anti B - IgM monoclonal antibody (ABO grouping), For reverse grouping, reagents used were as follows: Pooled known A, B, O cells

,Other reagents: AHG, Auto control (own cells and own serum), For A subgroup anti-A lectin was used which reacts directly with A₁ and A₂B but not A₂ or A₂B red cells.

"O" Group

"AB" Group

"A2B" Group

"A2" Group

Total

11 (16%)

7 (10%)

5 (7%)

3 (4%)

68 (0.1%)

1 (1%)

1 (1%)

2 (3%)

68 (0.1%)

Dengue

ORGAN FAILURE

OTHER

Total

(b) Automation method (E.M. Technology method): It intended for ABO grouping, used with HEMALYS (or red blood cells magnetized according to the specifications of DIAGAST) for the realization of the reverse typing test (reverse group). This device is for use on the automated machines QWALYS® in the E.M. Technology method.

(c) Repeat the test with fresh sample and determine whether the discrepancy is in cell grouping or serum grouping (techniques such as cell washing, using reagent serum, incubation under varying conditions). The discrepancy was divided into four groups.

Group I discrepancies comprise the unexpected reactions in the reverse grouping due to weakly reacting or missing antibodies.

Group II discrepancies are those from unexpected reactions in forward grouping due to weakly reacting or missing antigen.

Group III discrepancies occur due to protein or plasma abnormalities, rouleaux formation and pseudo agglutination.

Group IV discrepancies are of a miscellaneous group and may be due to transfusion of out of group plasma containing component, presence of cold alloantibody, or autoantibody. Results:

During the study period, 57950 blood grouping tests were performed. ABO discrepancies occurred in 68 (0.1%) of them. Majority Discrepancy in the Elder Age Patients (with history of Anaemia) was 32 (47%) and in

AIHA Patients was 12 (18%). The most common blood group involved was B with 23 (34%) frequency. 65 (88%) Patients were reverse discrepancy type (Group-I, Group-III, Group-IV discrepancies). Table 2. Number of patients by Table 1. Number of patients by Diagnosis Table 4. Examples of Patient's Case Details

		Discrepancy				Forward Grouping				Reverse Grouping					For cross-	
Diagnosis	Numbers of Patients	Discrepancy	Numbers of Patient	Patient`s Examples	Method used	ANTI-A		ANTI-	ANTI-A ₁ LECTINE	Pooled cell			Problem Causes	Interpretation	match	Solution
BONE MARROR		GroupI						Ab	LECTINE	Α	В	0			group units	
TRANSPLANT /FAILURE	2 (3 %)	discrepancy	20 (29 %)										Group I discrepancy			
		Group II			Automation	4+	NEG.	4+	4+	NEG.	NEG.	NEG.	The absence of expected antibodies could indicate that			Repeat all pooled cell with Anti-
AIHA	12 (18%)	discrepancy	8 (12 %)	1	Tube	3+	NEG.	3+	2+	NEG.	NEG.	NEG.	the patient's serum is not producing these antibodies, which might be	"A" GROUP		human globulin at 4 C and 22 C and
PREGNECY	3 (4%)	Group III											due to medical conditions like Chronic Infections.	WITHOUT		auto control and patient's antibody
MULTIPLE		discrepancy	2 (3 %)		Repeat	4+	NEG.	4+	4+	NEG.	NEG.	NEG.	Malignancies, Vascular and Rheumatic Conditions	ANTIBODIES		screening
TRANSFUSION		Group IV Group II discrepancy														
(EX. SICLE CELL	7 (10%)	discrepancy		2	Automation	1+	4+	4+	NEG.	1+	NEG.	NEG.		"A2B" GROUP		II
ANEMIA,CKD)		Total	68 (0.1%)	_	Tube	1+	3+	3+	NEG.	1+	NEG.	NEG.	Sub group of " A" with Cold or Warm agglutination in serum	WITH "A ₁ "	"B" GROUP	Test patient's cell with anti-A1
	2 (20()	Table 3. Number			Repeat	1+	3+	4+	NEG.	1+	NEG.	NEG.	300	ANTIBODIES		lectin or anti-A1 adsorbed serum
MULTIPLE MYELOMA	2 (3%)	Blood G	roup	Group III discrepancy												
CANCER	5 (7%)	Blood Group	Numbers of		Automation	NEG.	NEG.	NEG	N.A.	NEG.	4+	NEG.	Plasma abnormality leading in rouleaux formation			Repeat Reverse grouping with all
	/ /	•	Patient	3	Tube	NEG.	NEG.	NEG.	N.A.	NEG.		NEG.	Low level of gamma globulin,	"O" POSIIVE		pooled cells at room temperature
ELDER AGE / ANEMIA	32 (47%)	"A" Group	19 (28%)		12.00					201				WITH "B"	"O" GROUP	
Operation	2 (3%)	"B" Group	23(34%)		Repeat	NEG.	NEG.	NEG.	N.A.	NEG.	2+	NEG.	patient of newborn ,elder, transplantation,	ANTIBODIES		and at cold temperature with

NEG. 2+

NEG. 1+

1+

NEG.

3+ Conclusion: This study emphasizes the need of considering ABO discrepancies in blood banks for recipients (Patients) for safe blood transfusion to avoid any fatal complications.

3+

4+

3+

NEG.

NEG.

NEG.

This discrepancy ratio is 1:852. Repeat testing and investigating for ABO subgroups and auto/allo antibodies is important.

4+ 4+

Automation 4+

Tube

Repeat