

University of Papua New Guinea  
 School of Medicine and Health Sciences  
 Division of Basic Medical Sciences  
 Discipline of Biochemistry and Molecular Biology  
 PBL SEMINAR  
**Hemolysis and Jaundice**

**What is Intravascular Hemolysis?**

- ❑ Destruction of RBC (Hemolysis) normally occurs in Reticuloendothelial system (Extravascular compartment: Extravascular Hemolysis)
- ❑ In some diseases, Hemolysis of RBC occurs within the Vascular System (Intravascular compartment: Intravascular Hemolysis)
- ❑ During Intravascular Hemolysis Free Hb (Hemoglobin) and Heme are released in Plasma
  - Resulting in Free Hb and Heme being excreted through the Kidneys with substantial loss of Iron
- ❑ Loss of Iron is prevented by Specific Plasma Proteins:
  - Transferrin and Haptoglobins are involved in scavenging mechanisms
    - ❑ Transferrin is the protein that binds and transports Iron in plasma and thus permits Reutilization of Iron
    - ❑ Haptoglobins are a group of proteins, all of which are  $\beta_2$ -Globulins produced in the Liver

**What happens to Free Hb during Intravascular Hemolysis?**

- ❑ Sequence of events that occurs when Free Hb appears in plasma (**Fig. 1**):
  - Hb is Oxygenated in Pulmonary Capillaries,
  - OxyHb dissociates into  $\alpha\beta$ -OxyHb Dimers
  - $\alpha\beta$ -OxyHb Dimers are then bound to circulating plasma Haptoglobins
    - Haptoglobins have High Affinity for  $\alpha\beta$ -OxyHb Dimers
  - One molecule of Haptoglobin binds two  $\alpha\beta$ -OxyHb Dimers
  - DeoxyHb does not dissociate into Dimers under normal physiological settings, thus it is not bound by Haptoglobins
  - Complex formed when Haptoglobin interacts with  $\alpha\beta$ -OxyHb Dimers is usually too large to be filtered through Renal Glomerulus
  - During Intravascular Hemolysis Free Hb, appears in Renal Tubules and in Urine (causing **Black-Water Fever**) only when the binding capacity of circulating Haptoglobin molecule has been exceeded

**What are the functions of Haptoglobin?**

- ❑ Prevent loss of Free Hb via the Kidneys
- ❑ Haptoglobin binds and transports  $\alpha\beta$ -OxyHb Dimers to Lymphoreticular system for catabolism
- ❑ Heme in Free Hb is relatively resistant to the action of Heme Oxygenase
  - ❑ Heme Oxygenase easily catalyzes breakdown of Heme in the Haptoglobin- $\alpha\beta$ -OxyHb Complex

### How significant is plasma Haptoglobin as a diagnostic tool?

- Measurement of Plasma Haptoglobin level is used clinically to indicate severity of Intravascular Hemolysis
  - **Patients with significant Intravascular Hemolysis have low levels of Haptoglobin because of removal of Haptoglobin- $\alpha\beta$ -OxyHb complexes by Reticuloendothelial system**
  - Plasma Haptoglobin level falls rapidly when Intravascular Hemolysis is increased (e.g., Hemolytic Anemia); Free Haptoglobin may then be undetectable in Plasma
- Haptoglobin levels can also be low in Severe Extra-vascular Hemolysis, when large amount of Hb in the Reticuloendothelial System leads to transfer of Free Hb into plasma
- Decreased Plasma Haptoglobin level may occur in Liver disease
- Plasma Haptoglobin level increases in:
  - Acute Infections, Trauma, Nephrotic syndrome (**Why?**)
    - Because Haptoglobin is one of the Acute-Phase Reactants

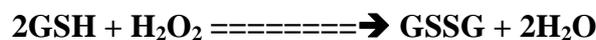
### HEMOLYSIS AND G-6-P D DEFICIENCY:

#### What reaction does Glucose-6-Phosphate Dehydrogenase catalyze?

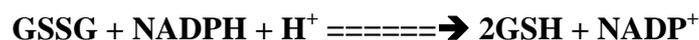
- Glucose-6-Phosphate Dehydrogenase (G-6-P D) catalyzes the first reaction in the **HMP-shunt**
- NADPH is produced in the reaction catalyzed by G-6-P D
- HMP shunt that occurs in the RBC is important for maintaining Integrity of RBC membrane (**Why?**)
  - Because the NADPH produced is used to protect the integrity of RBC membrane by maintaining normal cellular level of **Reduced Glutathione (GSH)**

#### How do GSH and G-6-P D interact to protect RBC membrane from damage by Oxidants?

- Oxidants can damage RBC membrane causing Hemolysis
- GSH is a reducing agent that removes Oxidants in RBC
- For example:
  - **GSH** interacts with Oxidants in reaction catalyzed by **Glutathione Peroxidase** (Selenium is required)
  - In the process **GSH** is oxidized to **Oxidized Glutathione (GSSG)**



- **GSSG** formed must be converted back to **GSH**, in a reaction catalyzed by **Glutathione Reductase** that utilizes **NADPH**



- Major source of **NADPH** is the **G-6-P D** reaction in HMP shunt
  - HMP shunt is the only means of producing NADPH in mature RBC
- Decreased level of GSH in RBC results in accumulation of Oxidants, causing impairment of essential metabolic processes and Hemolysis

### What are some of the consequences of G-6-P D deficiency?

- ❑ Mature RBC is very sensitive to Oxidative damage if the function of HMP shunt is Impaired (e.g., by G-6-P D deficiency)
- ❑ Oxidants (e.g., Anti-malarial drug Primaquine and other drugs) can interact with GSH to produce high amount of GSSG, which must be converted to GSH using NADPH from HMP shunt
- ❑ Mature RBC of individuals who are deficiency in G-6-P D cannot generate sufficient NADPH to convert GSSG to GSH
  - Resulting in accumulation of GSSG, this impairs the ability of RBC to dispose of Oxidants and Free Radicals (Reactive Oxygen Species)
- ❑ Accumulation of Oxidants and Free Radicals cause Oxidation of critical –SH groups in proteins and Peroxidation of Lipids in RBC membrane, causing Hemolysis (**Figs. 2 & 3**)
- ❑ Administration of Drugs or Chemical agents capable of generating Oxidants to G-6-P D deficient individuals can cause rapid fall in GSH level in mature RBC, leading to Intravascular Hemolysis
- ❑ Effect of G-6-P D deficiency is greatest in Older RBC, because of their inability to synthesize Protein and produce more G-6-P D
  - Mature RBC cannot synthesize protein and is devoid of Nucleus
- ❑ Hemolysis is higher in Older RBC, which explains the high percentage of circulating Young RBC usually found in blood of patients with Intravascular Hemolysis
- ❑ Hemolysis may be accompanied by unconjugated bilirubinemia leading to jaundice

## HYPERBILIRUBINEMIA AND JAUNDICE

### What is Hyperbilirubinemia?

- ❑ Hyperbilirubinemia:
  - Accumulation of Bilirubin in blood, when level of Bilirubin exceeds 1.0 mg/dL (17.1  $\mu\text{mol/L}$ ),

### What are the different types of Hyperbilirubinemia?

- ❑ **Pre-hepatic Hyperbilirubinemia:**
  - Due to over-production of bilirubin causing increased level of unconjugated bilirubin in plasma:
  - Occurs in:
    - Hemolytic anemia
    - Hemolytic disease of the new-born, due to rhesus incompatibility
    - Ineffective Erythropoiesis (e.g., Pernicious Anemia)
    - Bleeding into tissues (Trauma)
    - Rhabdomyolysis
- ❑ **Hepatocellular Hyperbilirubinemia:**
  - ❑ May be due to:
    - ❑ Hepatocellular damage caused by:
      - Infective agents, Drugs or Toxins
      - Cirrhosis is usually a late complication
    - ❑ Low activity or Failure of the conjugating mechanism: UDP-Glucuronyl-Transferase within the Hepatocytes,

- ❑ **Cholestatic Hyperbilirubinemia:**
  - ❑ Cholestasis may be **Intra-hepatic or Extra-hepatic**
    - ❑ Both causes Conjugated Hyperbilirubinemia and Bilirubinuria
- ❑ **Intra-hepatic Cholestasis** commonly due to:
  - ❑ Acute Hepatocellular damage (e.g., Infectious Hepatitis)
  - ❑ Primary Biliary Cirrhosis
  - ❑ Drugs
- ❑ **Extra-hepatic Cholestasis** is most often due to:
  - ❑ Gallstones
  - ❑ Carcinoma of Head of Pancreas
  - ❑ Carcinoma of Biliary Tree
  - ❑ Bile duct compression from other courses

#### **How is Hyperbilirubinemia related to Jaundice?**

- ❑ Jaundice (French: jaune: Yellow) is due to Hyperbilirubinemia
  - ❑ Jaundice is seen clinically when level of Bilirubin in blood exceeds **2.5 mg/dL**
  - ❑ Bilirubin diffuses into some Tissues, such as the Sclera, which then become yellow (**Jaundice or Icterus**)
  - ❑ Yellow discoloration of the eyes in Jaundice patients is due to affinity of the protein Elastin (in Sclera) for Bilirubin
  - ❑ Elastin in Sclera does not bind Carotene, thus hyper-carotenemia does not cause yellow discoloration of the eyes

#### **What are the two types of Hyperbilirubinemia?**

- ❑ Hyperbilirubinemia can be separated based on the type of Bilirubin (Conjugated Bilirubin or Unconjugated Bilirubin) present in Plasma,
  - ❑ **Retention Hyperbilirubinemia:** due to overproduction of bilirubin,
  - ❑ **Regurgitation Hyperbilirubinemia:** due to reflux of bilirubin into the blood stream because of biliary obstruction
- ❑ Unconjugated bilirubin is Hydrophobic, thus it can cross the Blood-Brain Barrier and enter the Central Nervous System
- ❑ Encephalopathy due to Hyperbilirubinemia (Kernicterus) can occur only in connection with Unconjugated Hyperbilirubinemia – as in Retention Hyperbilirubinemia
- ❑ Conjugated Bilirubin is Hydrophilic (i.e., soluble in water), thus conjugated bilirubin can appear in Urine
- ❑ **Choluric Jaundice** (Choluria = presence of biliary derivatives in urine) occurs only in Regurgitation Hyperbilirubinemia (high conjugated bilirubin in plasma)
- ❑ **Acholuric Jaundice** occurs in Retention Hyperbilirubinemia (high Unconjugated bilirubin in plasma)

#### **How the causes of Jaundice be classified?**

- ❑ Causes of Jaundice can simply be classified as follows:
  - ❑ Pre-hepatic Jaundice (e.g., Hemolytic anemia),
  - ❑ Hepatic Jaundice (e.g., Hepatitis),
  - ❑ Post-hepatic Jaundice (e.g., Obstruction of the common bile duct)

**What laboratory tests can identify the different classes of Jaundice?**

- ❑ Liver Function Tests is recommended
- ❑ Other tests: (See **Table below**)
  - Plasma Total Bilirubin and Conjugated Bilirubin,
  - Urinary Urobilinogen
  - Urinary Bilirubin,
  - Inspection of Stool Samples

**Laboratory results for Healthy patient and patients with 3 different causes of Jaundice**

Patients	Serum Bilirubin (mg/dl)	Urine Bilirubin	Urine Urobilinogen (mg/24h)	Fecal Urobilinogen (mg/24h)
Normal	Direct: 0.1 – 0.4 Indirect: 0.2 – 0.7	Absent	0 – 4	40 – 280
Hemolytic Anemia	Elevation of Indirect	Absent	Increased	Increased
Hepatitis	Elevations of Direct & Indirect	Present	Decreased	Decreased
Obstructive Jaundice	Elevation of direct	Present	Absent	Trace to absent

**TAKE NOTE:**

Direct Bilirubin: Conjugated Bilirubin

Indirect Bilirubin: Unconjugated Bilirubin