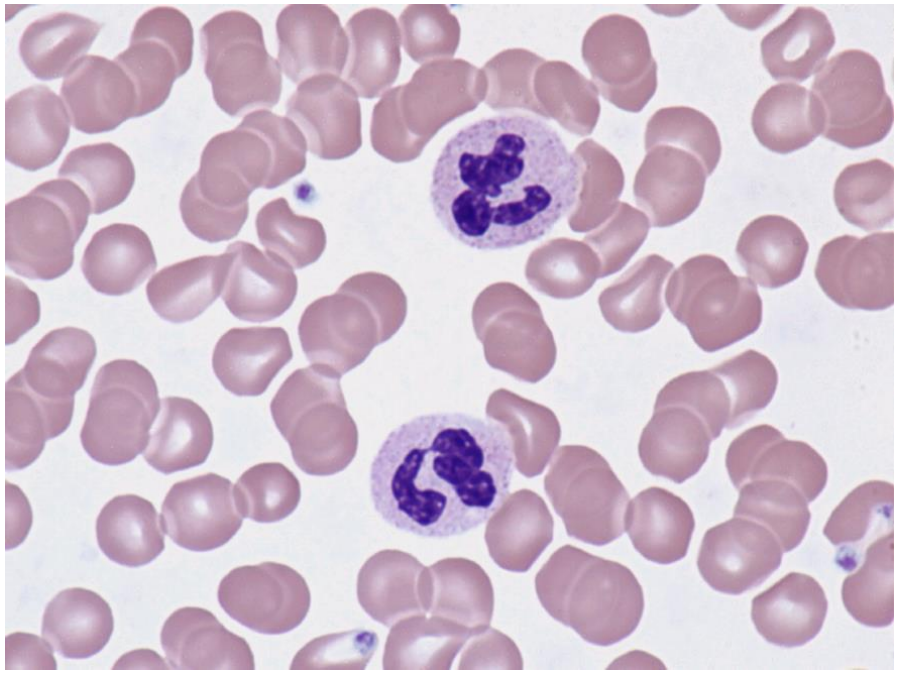
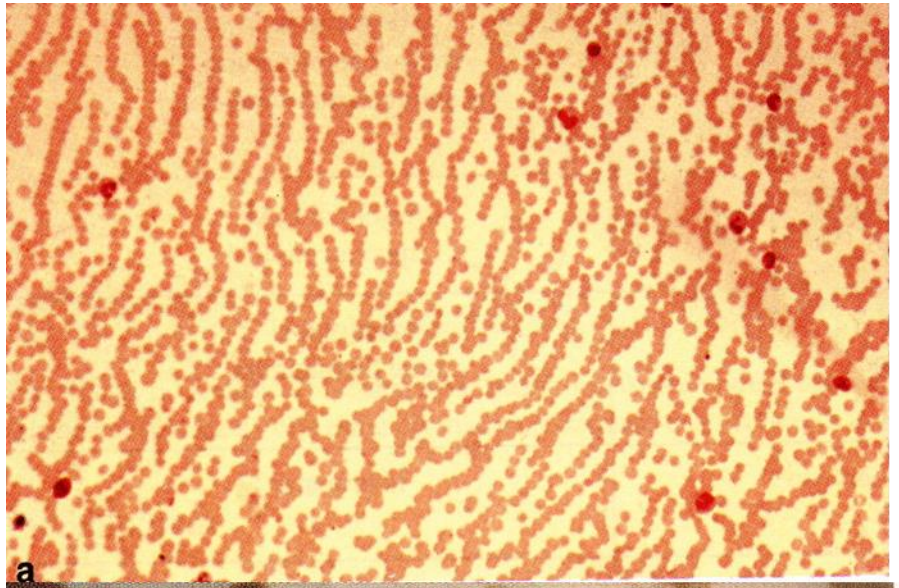
Tecniche di laboratorio di ematologia

Prof. Gian Matteo Rigolin
Ematologia

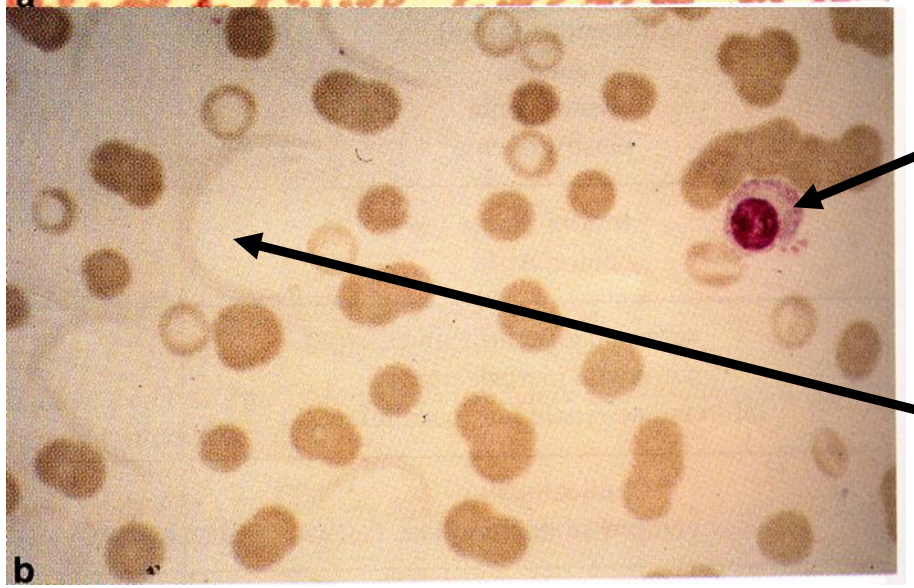


QUADRI MORFOLOGICI

MIELOMA MULTIPLO: sangue periferico



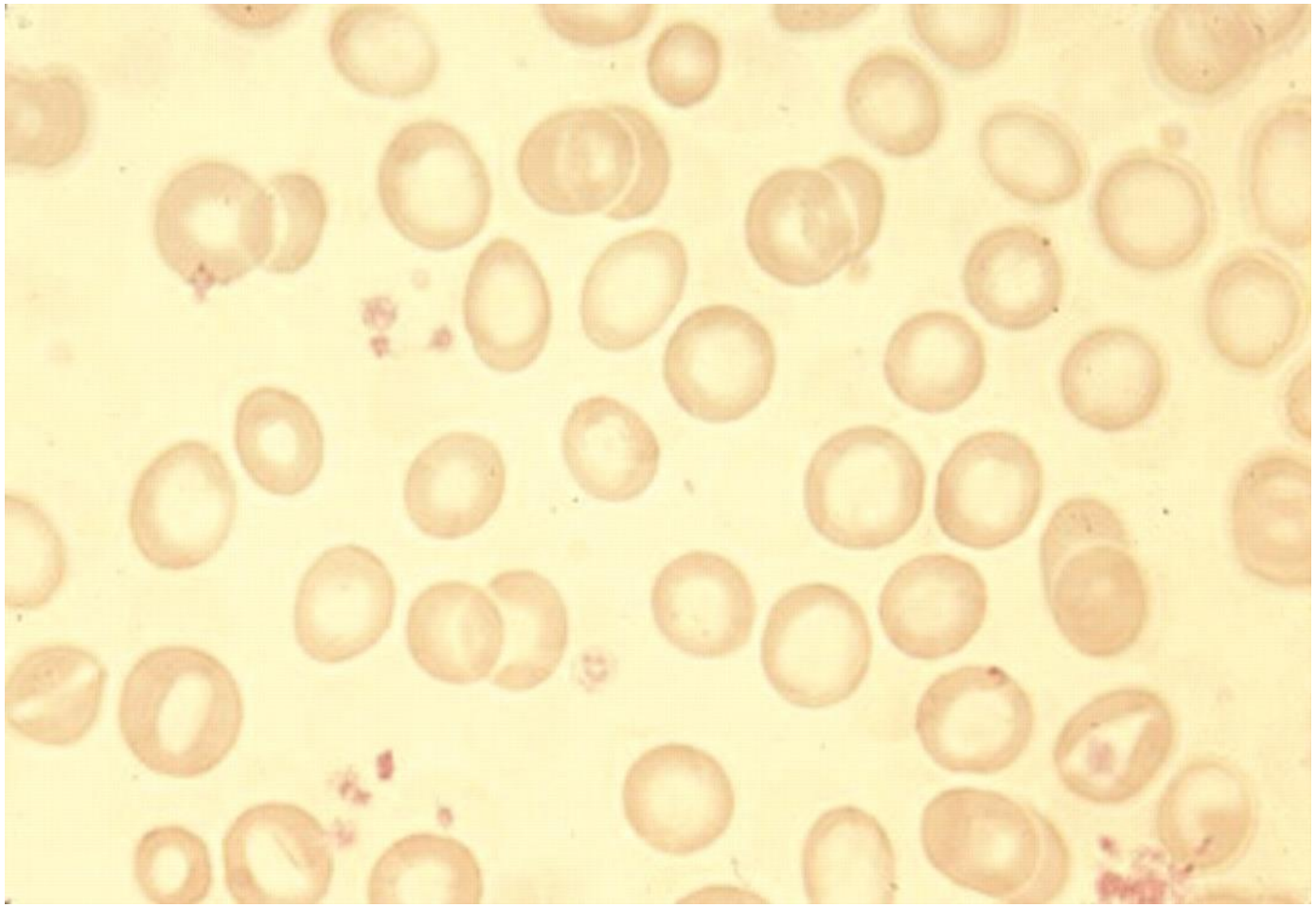
Impilamento delle emazie (“rouleaux”)



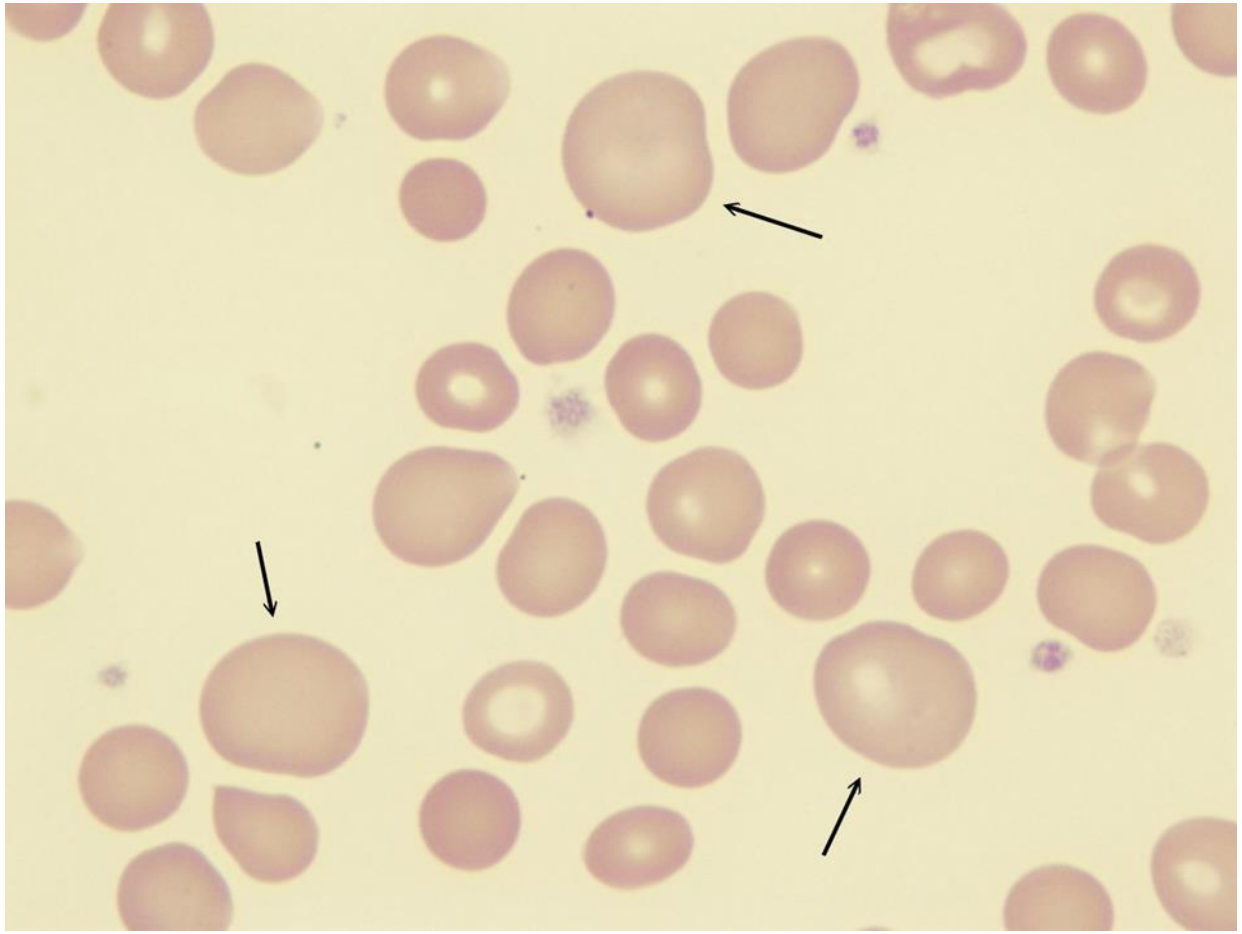
Plasmacellula circolante

Archi di precipitazione

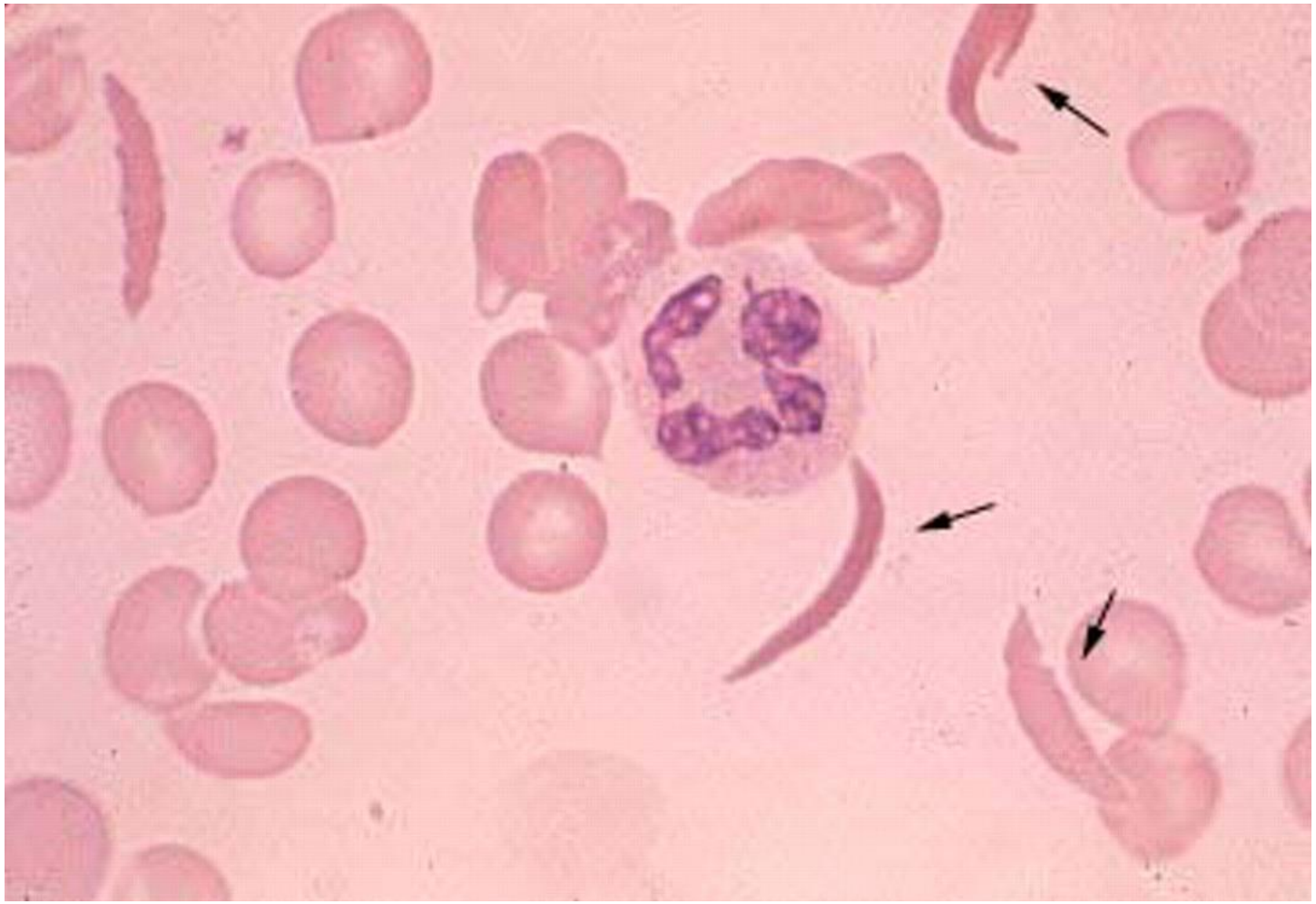
Anemia sideropenica: microciti



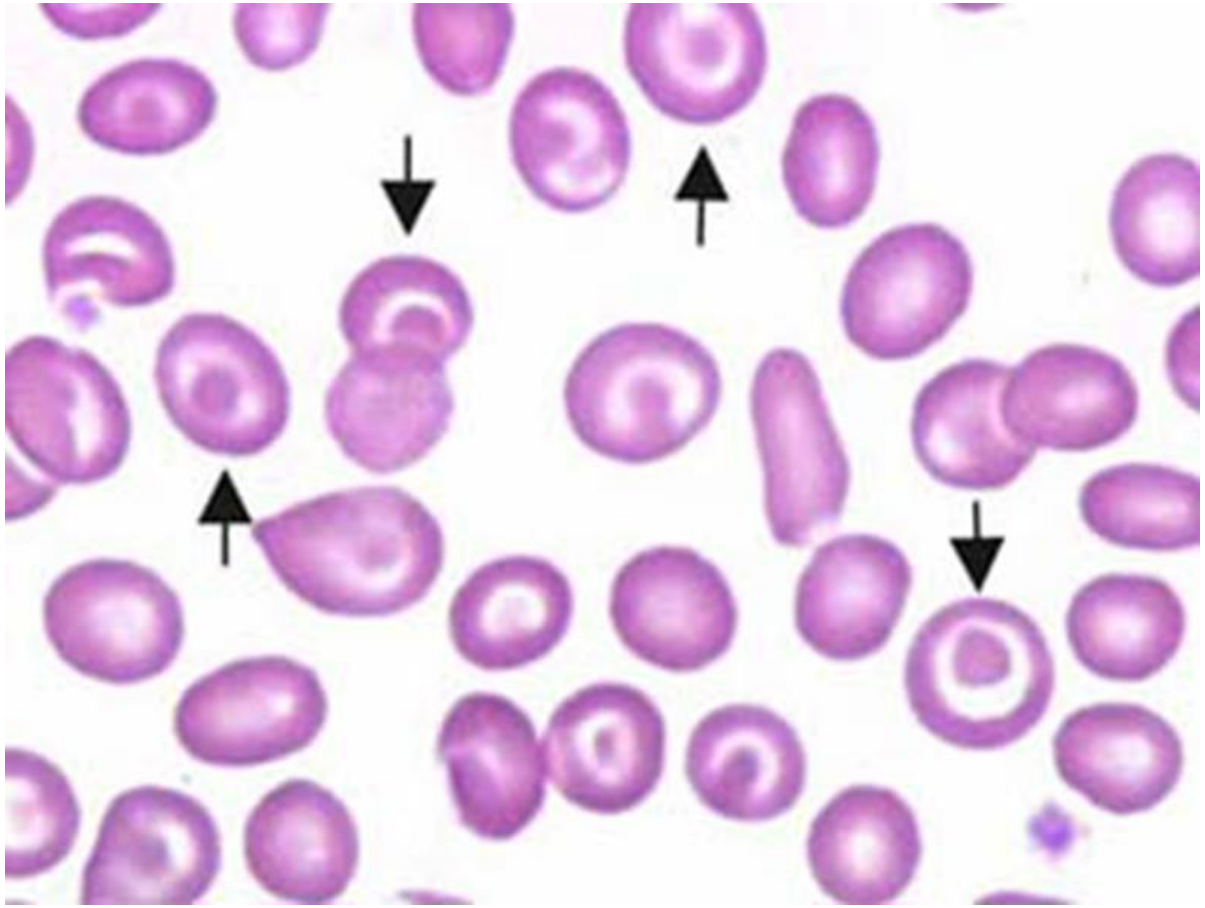
Macrociti



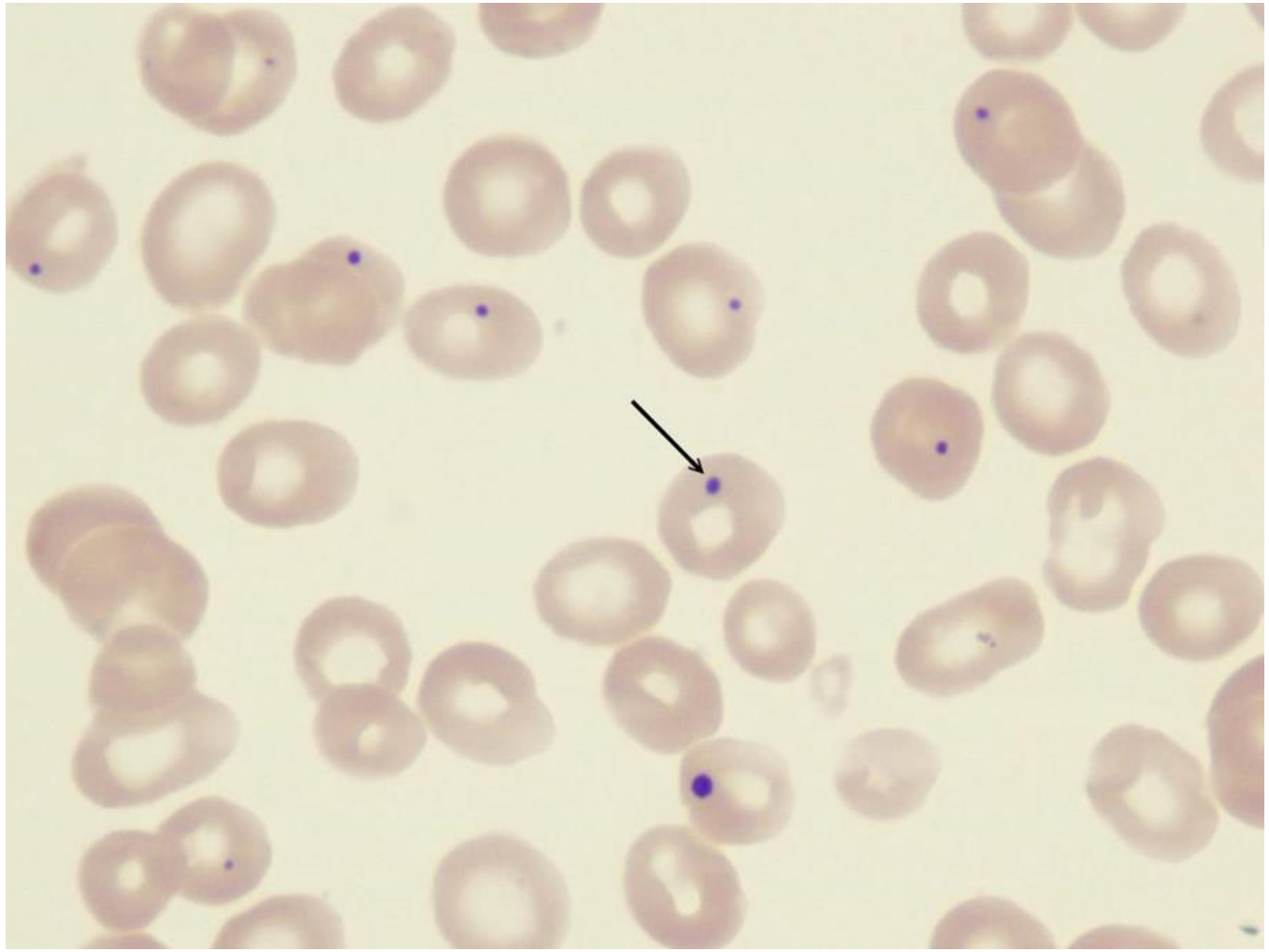
Anemia a cellule falciformi



Target cells



Corpi di Howell-Jolly



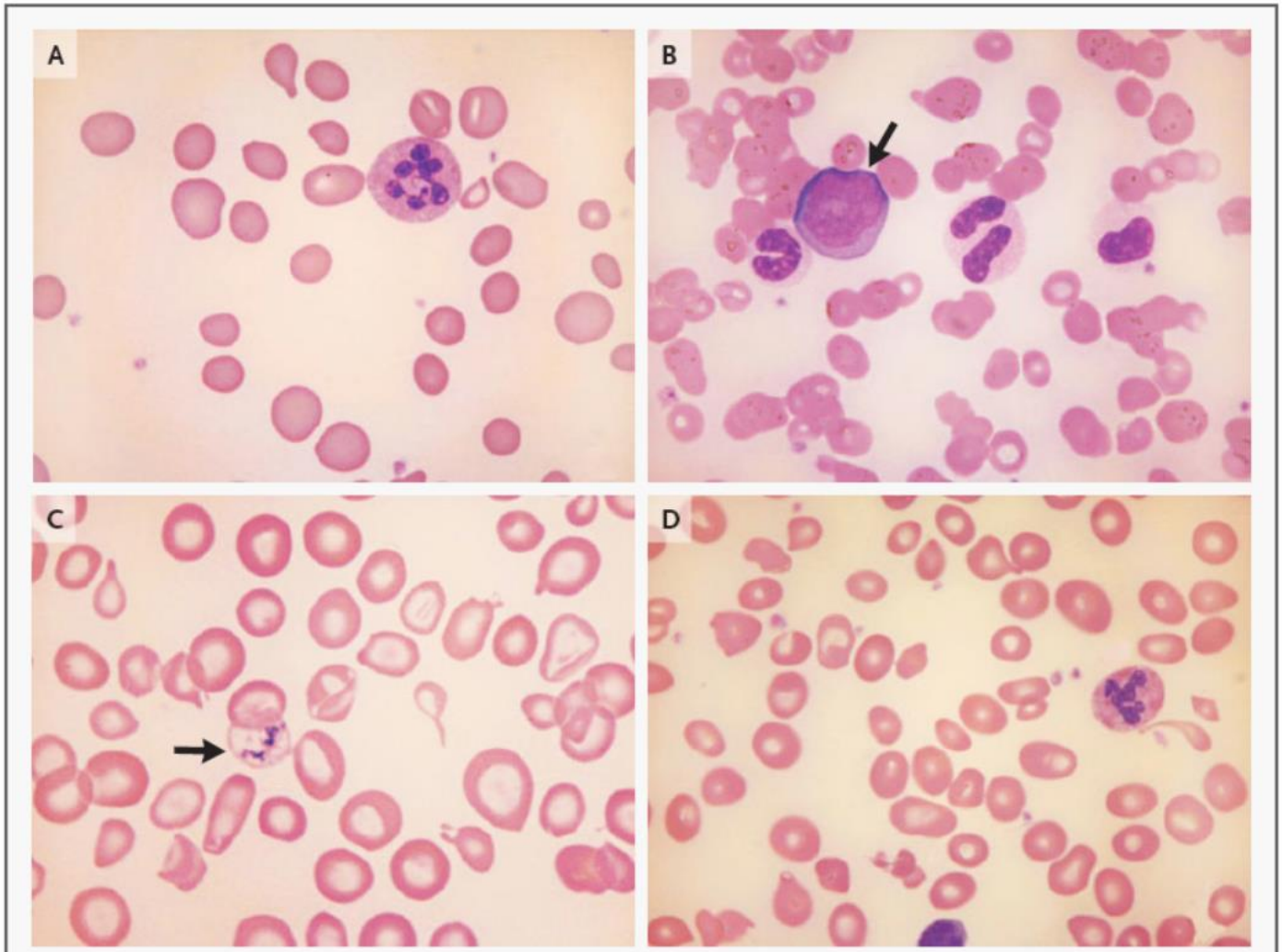


Figure 3. Red-Cell Changes in Various Types of Macrocytic Anemia.

Pernicious anemia is shown in the blood smear in Panel A, with anisocytosis, macrocytosis, and a hypersegmented neutrophil. Panel B shows myelodysplastic syndrome, with a blast cell (arrow) and two neutrophils that have hypolobulated nuclei, one of which is binucleated and the other hypogranular. Panel C shows myelodysplastic syndrome with anisocytosis, poikilocytosis, macrocytes, stomatocytes, and an erythrocyte with prominent Pappenheimer bodies (arrow); the smear is also dimorphic, showing both well-hemoglobinized macrocytes and hypochromic microcytes. Panel D depicts type 1 congenital dyserythropoietic anemia, with anisocytosis, poikilocytosis, and some macrocytes. All specimens were stained with May–Grünwald–Giemsa stain.

Bain B. N Engl J Med 2005;353:498-507.

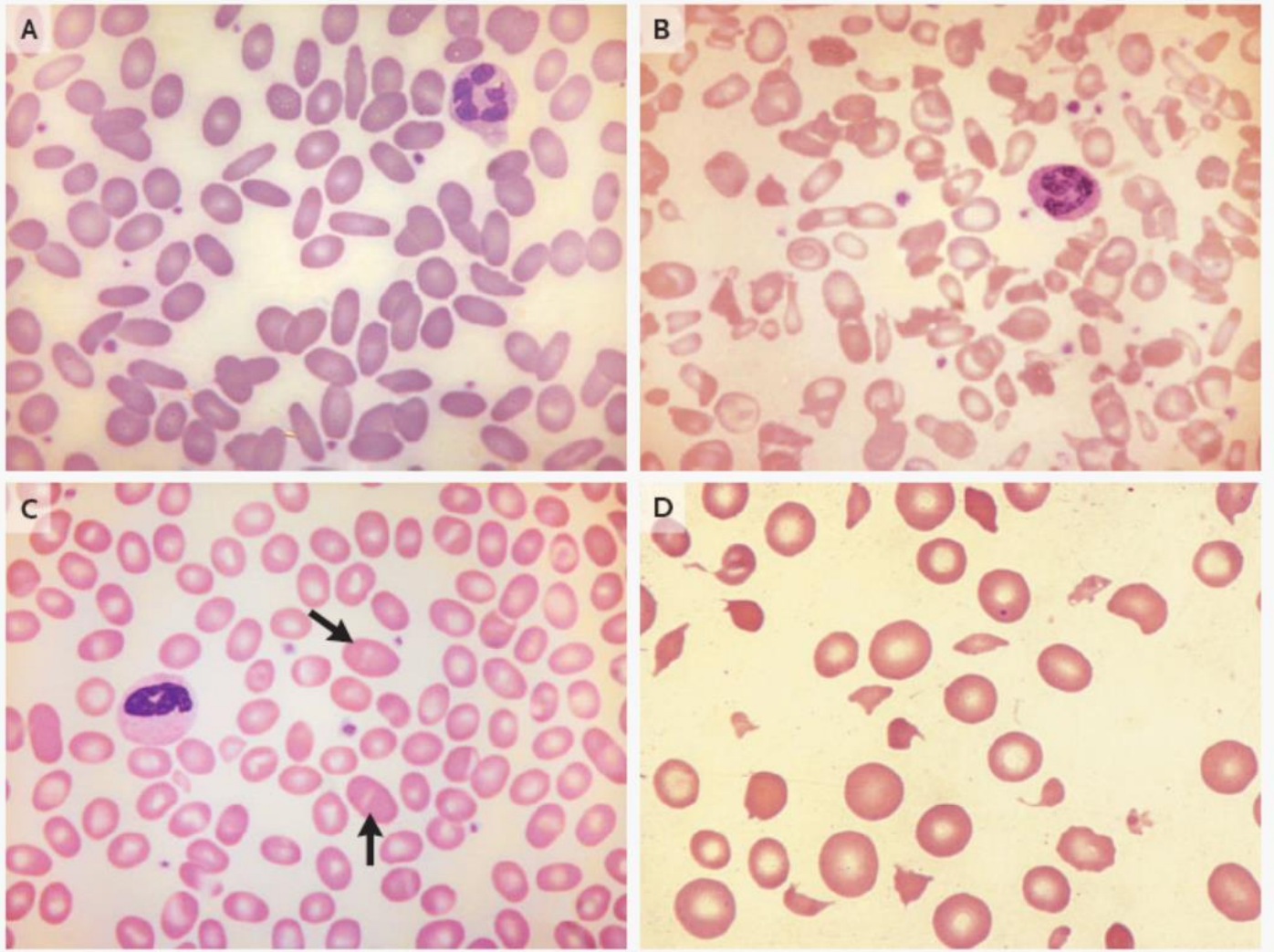


Figure 1. Hemolytic Anemias, Characterized by Different Types of Poikilocytes.

In Panel A, the blood smear shows hereditary elliptocytosis, with numerous elliptocytes and smaller numbers of ovalocytes. Panel B shows hereditary pyropoikilocytosis; there is striking poikilocytosis, with elliptocytes, ovalocytes, and fragments. In Panel C, Southeast Asian ovalocytosis shows moderate poikilocytosis, with the poikilocytes including several macro-ovalocytes (arrows). Panel D shows microangiopathic hemolytic anemia resulting from cyclosporine therapy, with numerous red-cell fragments. All specimens were stained with May–Grünwald–Giemsa stain.

Bain B. N Engl J Med 2005;353:498-507.