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Short Cases : Haematology

INTRODUCTION

In general practice, a borderline or mildly abnormal full blood count (FBC) can be difficult to manage, with uncertainty as to what the diagnosis is, and what further investigation is needed (if any).

The module includes discussion of some common abnormalities:

- Vitamin B12 and folic acid deficiency
- Thrombocytosis
- Lymphocytosis
- Normochromic normocytic anaemia
- Haemochromatosis.

This module will not cover the above topics in great detail. Instead the information given is thought to be the core information that clinicians would need to know. The topics were chosen by a group of clinicians who felt they would be of use to PBSGL groups, but not suitable for a whole module in themselves.

It will not cover iron deficiency anaemia nor myeloproliferative disorders in detail, as these are dealt with in other PBSGL modules. Haemochromatosis is included here, though it is usually thought of as a gastrointestinal problem. Units of measurement were those used in Forth Valley, and normal values are given where relevant.

CASES

Case 1. Anne-Marie, age 41

Mrs McInness attends the surgery with a letter from the blood donation service, which states that her haemoglobin was 101 g/L (normal range 117-157) when she went to give blood recently. They refused her as a donor on the day, and asked her to attend her own surgery for advice.

Her last menstrual period was 4 months ago and normal, and prior to this her periods were irregular and light. You note a history of irritable bowel syndrome, but she describes no recent bowel symptoms. She is feeling more