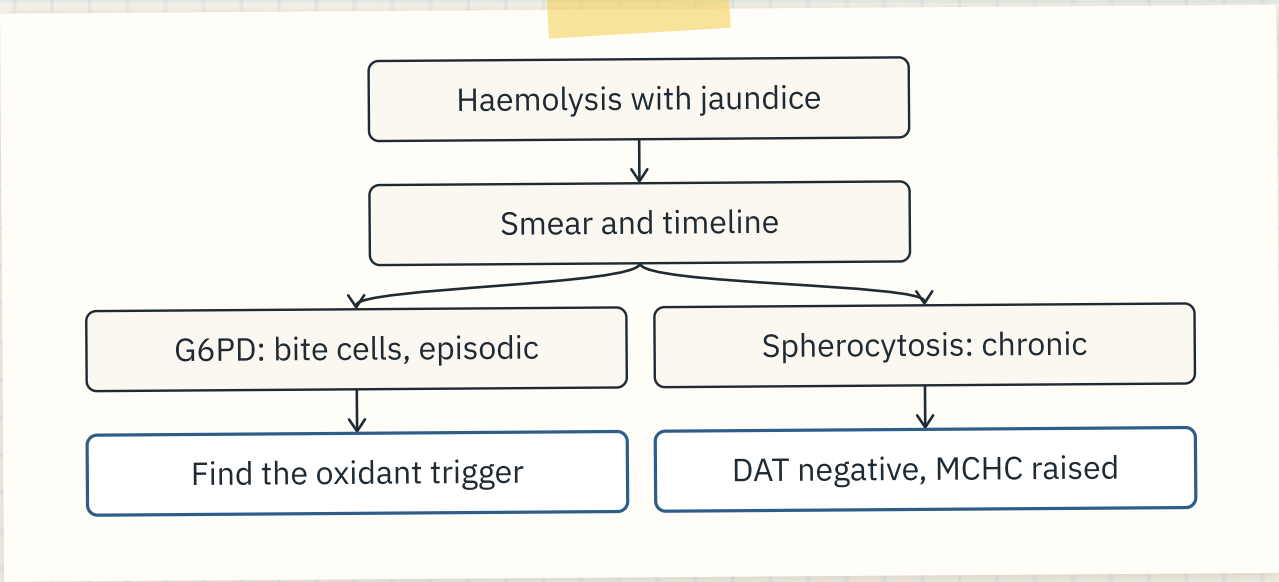
G6PD deficiency vs hereditary spherocytosis

Oxidant episode or membrane loss?



Step by step

1. Haemolysis: reticulocytes up, indirect bilirubin up, haptoglobin down
2. Bite cells or spherocytes on the smear?
3. Episodic after a trigger, or chronic?
4. Antiglobulin test, then EMA binding

	G6PD deficiency	Spherocytosis
Defect	No NADPH shield	Weak membrane skeleton
Smear	Bite cells, Heinz bodies	Spherocytes
Course	Episodic	Chronic, big spleen
Inherited	X-linked recessive	About 3/4 dominant
Test	Assay; repeat if normal in attack	DAT negative; low EMA

Two faults, one word: haemolysis

Rule of thumb

Episodic, after a trigger, in a boy: enzyme

Chronic, with a big spleen and gallstones: membrane

Exam traps

- The G6PD assay can read falsely normal during an attack: if normal, repeat weeks to months later.
- Spherocytes also appear in autoimmune haemolysis: the antiglobulin test separates them.
- Heinz bodies show only with a supravital stain such as crystal violet.

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