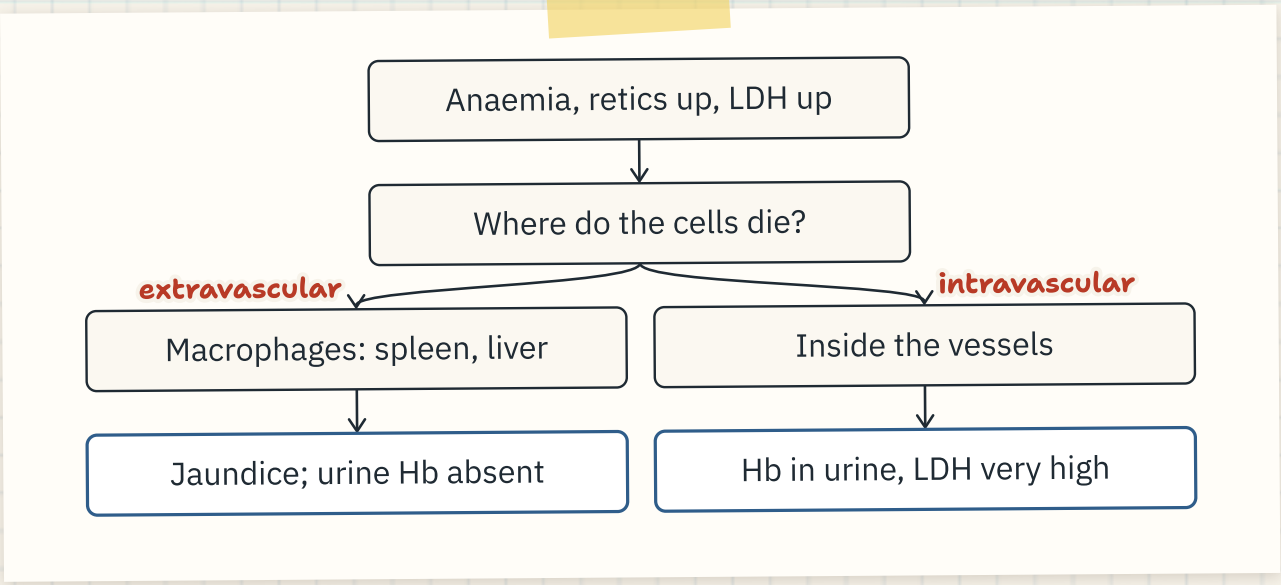
Intravascular vs extravascular haemolysis

Where are the red cells dying?



Step by step

1. Anaemia, reticulocytes, LDH, indirect bilirubin: haemolysis
2. Ask where the cells die
3. Check the urine and the LDH
4. Do not let haptoglobin alone decide

Feature	Extravascular	Intravascular
Site	Macrophages: spleen, liver	Inside the vessels
Examples	Hereditary spherocytosis, warm AIHA	PNH, valve shear
Haptoglobin	Can be low	Used up, falls
Bilirubin	Unconjugated, jaundice	Rises less
LDH	Slightly raised	Often several times ULN
Urine	No haemoglobin usually	Haemoglobin, haemosiderin

Extravascular vs intravascular

Rule of thumb

Macrophage: bilirubin, spleen, clear urine

Vessel: haptoglobin used up, urine haemoglobin

Red cell span: about 120 days

Exam traps

- Haptoglobin can be low in both types.
- A low haptoglobin alone does not give the site.
- Many diseases do both; the dominant site sets the pattern.

Intravascular vs extravascular haemolysis: site and labs

Video, written lesson, practice question and sources: medservatory.com/usmle-step-1/haematology-oncology/intravascular-vs-extravascular-haemolysis

For exam study only, not medical advice. Follow local guidelines and your lab's ranges.
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