

论文

304例Rh阴性孕产妇的RhD同种免疫分析

郭伟1,徐群2,邵超鹏3

1. 山东大学附属千佛山医院妇产科, 济南 250014; 2. 山东省血液中心血型参比研究室, 济南 250014; 3. 深圳市血液中心输血医学研究所, 广东 深圳 518035

摘要:

目的 分析304例RhD阴性孕产妇RhD同种免疫发生情况, 探讨RhD阴性孕产妇抗D抗体产生的影响因素, 建立正确的围产期孕产妇RhD新生儿溶血病监测方案。方法 采用标准血清学方法对孕产妇及其丈夫进行ABO及RhD抗原鉴定。对RhD抗原鉴定为阴性的样本, 进一步采用间接抗人球蛋白法检测RhD抗原, 以排除或确认弱D型或部分D表型。对所有RhD阴性孕产妇及其丈夫进行RhCcEe表型的血清学分型。采用抗人球蛋白法对所有RhD阴性孕产妇标本进行不规则抗体初筛, 对初筛阳性者进一步用鉴定细胞做抗体鉴定及抗体效价测定并采用PCR SSP方法确定是否为Del型。结果 3975例孕产妇标本中, 304例为RhD阴性, 其中29例产生抗D抗体, 夫妇ABO血型相合24例(82.76%), 不合5例(17.24%)。本组调查中Rh阴性孕产妇抗D抗体产生的比例为9.54%(29/304)。经分子生物学方法鉴定, 29例产生抗D的Rh阴性孕产妇均排除Del表型。结论 RhD阴性孕产妇RhD同种免疫的发生受多种因素影响, Del型孕产妇产生抗D概率较低。应及时、定期监测RhD阴性围产期孕产妇的抗D水平。对已产生抗D抗体的孕妇, 密切监测其抗D水平, 为临床治疗方案提供依据。

关键词: Rh血型; RhD阴性; RhD同种免疫; 抗D抗体; 新生儿溶血病

RhD isoimmunization analysis of 304 RhD-negative pregnant and lying in women

GUO Wei1, XU Qun2, SHAO Chao-peng3

1. Department of Obstetrics and Gynaecology, Qianfoshan Hospital Affiliated to Shandong University, Jinan 250014, China; 2. Research Laboratory of Blood Group Reference, Shandong Blood Center, Jinan 250014, China; 3. Institute of Blood Transfusion Medicine, Shenzhen Blood Center, Shenzhen 518035, Guangdong, China

Abstract:

Objective To analyze the RhD isoimmunization state of 304 RhD-negative pregnant and lying-in women, explore factors which affect production of the anti D antibody in them, and set up a correct prenatal testing method for RhD haemolytic disease of the fetus and newborn. Methods ABO and RhD blood types of pregnant and lying in women and their husbands were identified by the standard serological method. For RhD-negative women, the D antigen was further tested with the indirect antiglobulin test to exclude or confirm weak D or partial D types. The RhC, c, E and e antigens were typed in all RhD-negative women and their husbands. The irregular antibody was screened in all RhD-negative women, and if the result was positive, the specificity and titer of the antibody were determined. At the same time, if phenotypes of the RhD-negative women with the anti-D antibody were Del type or not was determined with the PCR-SSP method. Results Among 3,975 pregnant and lying-in women, 304 were confirmed to be RhD-negative, of whom 29 produced the anti-D antibody; 24 carried compatible ABO antigens with their husbands(82.76%); 5 carried incompatible ABO antigens with their husbands(17.24%) . The production rate of the RhD antibody in D-negative pregnant and lying in women was 9.54% (29/304) . All 29 RhD-negative women with anti-D were excluded from carrying the Del phenotype with the molecular biological method. Conclusions RhD isoimmunization is affected by many factors. Pregnant women with the Del type seldom produce the anti-D antibody. The anti-D level should be timely and regularly tested among pregnant women. For women who have produced the anti-D antibody, the antibody level should be closely detected during pregnancy, which will provide evidence for clinical treatment.

Keywords: Rh blood group; RhD negativity; RhD isoimmunization; Anti D antibody; Haemolytic disease of the fetus and newborn

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通讯作者: 徐群(1966-), 男, 主任技师, 博士研究生, 主要从事免疫血液学诊断研究。 E-mail: xuqun88@126.com

作者简介: 郭伟(1966-), 女, 副主任医师, 硕士研究生, 主要从事妇产科疾病治疗研究。 E-mail: gwei19@hotmail.com

作者Email:

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