

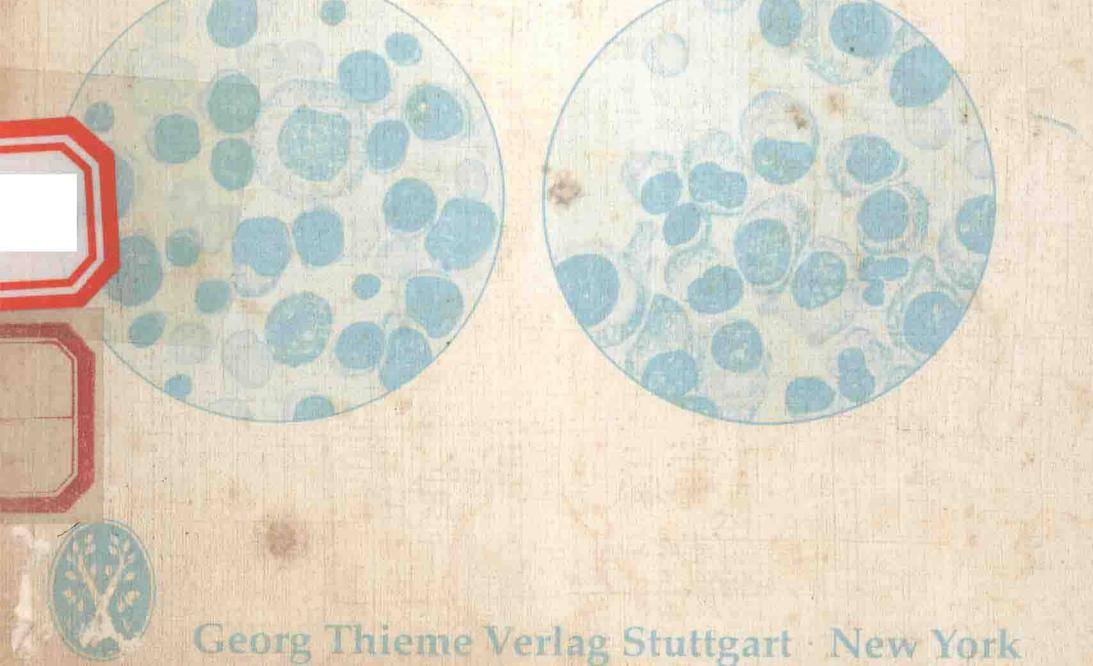
Blood and Bone Marrow Morphology Blood Coagulation

A Manual

Paul Frick

Translated by E. M. Gillis

3rd Revised and Enlarged Edition
44 Color Illustrations



Georg Thieme Verlag Stuttgart · New York

Blood and Bone Marrow Morphology Blood Coagulation

A Manual

By Paul Frick

Translated by E. M. Gillis

3rd Revised and Enlarged Edition

44 Color Illustrations



1981

Georg Thieme Verlag Stuttgart · New York

Prof. Dr. Paul Frick
Director, Medical Clinic
Departement of Internal Medicine
University Hospital
Rämistrasse 100
8091 Zürich
Switzerland

Translator:

E. M. Gillis, M.D.
8 Dellcott Close
Welwyn Garden City/Herts.
England/U.K.

Deutsche Bibliothek Cataloguing in Publication Data

Frick, Paul: Blood and bone marrow morphology, blood coagulation: a manual/by Paul Frick.
Transl. by E. M. Gillis. – 3., rev. and enlarged ed. – Philadelphia; Toronto: Lippincott; Stuttgart; New York: Thieme, 1981.

Dt. Ausg. u. d. T.: Frick, Paul: Blut- und Knochenmarkmorphologie, Blutgerinnung. – 2. Aufl.
u. d. T.: Frick, Paul: Manual of blood and bone marrow morphology

1st English Edition 1966	1st German Edition 1936	9th German Edition 1958
2nd English Edition 1973	2nd German Edition 1938	10th German Edition 1961
	3rd German Edition 1941	11th German Edition 1965
	4th German Edition 1943	12th German Edition 1969
	5th German Edition 1944	13th German Edition 1973
	6th German Edition 1947	14th German Edition 1976
	7th German Edition 1951	15th German Edition 1980
	8th German Edition 1955	

Important Note:

Medicine is an ever-changing science. Research and clinical experience are continually broadening our knowledge, in particular our knowledge of proper treatment and drug therapy. Insofar as this book mentions any dosage or application, readers may rest assured that the authors, editors and publishers have made every effort to ensure that such references are strictly in accordance with the state of knowledge at the time of production of the book. Nevertheless, every user is requested to carefully examine the manufacturers' leaflets accompanying each drug to check on his own responsibility whether the dosage schedules recommended therein or the contraindications stated by the manufacturers differ from the statements made in the present book. Such examination is particularly important with drugs which are either rarely used or have been newly released on the market.

This book is an authorized translation from the 15th revised and enlarged German edition published and copyrighted 1980 by Georg Thieme Verlag, Stuttgart, Germany. Title of the German edition: Blut- und Knochenmarkmorphologie. Blutgerinnung.

Some of the product names, patents and registered designs referred to in this book are in fact registered trademarks or proprietary names even though specific reference to this fact is not always made in the text. Therefore, the appearance of a name without designation as proprietary is not to be construed as a representation by the publisher that it is in the public domain.

All rights, including the rights of publication, distribution and sales, as well as the right to translation, are reserved. No part of this work covered by the copyrights hereon may be reproduced or copied in any form or by any means – graphic, electronic or mechanical including photocopying, recording, taping, or information and retrieval systems – without written permission of the publishers.

Blood and Bone Marrow
Morphology
Blood Coagulation

3rd Edition

Preface to the 3rd English Edition

The earlier editions of the "Manual of Blood and Bone Marrow Morphology" have been completely revised and enlarged. This new edition deals with blood coagulation as well because it is an integral part of the hematological training of medical laboratory technicians and medical students. In order to familiarize the reader with the close relationship between patient and laboratory findings, clinical aspects of hematological disorders are presented in greater detail. Various hematologic disorders that differ quantitatively or biochemically rather than morphologically from the normal have been included in the text for the first time (e.g., pancytopenia, agranulocytosis, polycythemia). Additional staining techniques used for the cytochemical characterization of the leukemias are described. Thus expanded, the new edition attempts to cover the whole field of practical hematological cytology and blood coagulation, taking into account the needs of both routine and specialized laboratories.

Zurich

P. Frick

Contents

Normal Hematological Values	1
Blood Volume	1
Cellular Components of Blood	1
Erythrocytes and Hemoglobin	1
Leucocytes	2
Bone Marrow	2
Hemogram with Normal Values	3
Erythropoiesis	4
Erythrocytes	6
Leuko- and Thrombopoiesis	8
Normal Cell Distribution in Bone Marrow	10
Lymphopoiesis	11
Development of Plasma Cells	11
Changes in the Red Blood Picture	12
Anemias	12
<i>Iron deficiency anemia</i>	12
<i>Megaloblastic anemias</i>	14
Vitamin B ₁₂ deficiency anemia	14
Folic acid deficiency anemia	16
<i>Macrocytic anemia</i>	16
<i>Hemolytic anemias</i>	17
Hemolytic anemias of cellular origin	18
Hemolytic anemias of extracellular origin	21
Hemolytic anemias due to cellular and extracellular causes	22
Bone marrow in hemolytic anemias	24
<i>Hypogenerative anemias</i>	25
Pure red cell anemia	25
Pancytopenias	25
Polycythemia and Erythrocytosis	25
Changes in the White Blood Picture	27
Reactive Changes	27
Agranulocytosis	28
Pelger-Huët familial nuclear anomaly	29
May-Hegglin familial anomaly	29
Alder's familial granulation anomaly	30
Infectious Mononucleosis	31
Leukemias	32
<i>Acute leukemias</i>	32
<i>Chronic myeloid leukemia</i>	38
<i>Chronic lymphocytic leukemia</i>	40
<i>Acute erythroleukemia</i>	40

Osteomyelofibrosis – Osteomyelosclerosis	42
Bone Marrow Metastases	43
Proliferative Processes of the Immunological System	44
Multiple Myeloma – Plasmacytoma	44
Macroglobulinemia	46
Benign Monoclonal Gammopathy	47
Malignant Lymphomas	47
Lupus Erythematosus Cell	49
Staining Methods	51
Routine Staining	51
<i>Combined May-Grünwald-Giemsa staining (Pappenheim)</i>	51
<i>Supravital staining of reticulocytes</i>	51
Special Staining	52
<i>Iron staining of siderocytes and sideroblasts</i>	52
<i>Peroxidase staining (Graham-Knoll)</i>	53
<i>Periodic acid-Schiff reaction</i>	54
<i>Leucocyte alkaline phosphatase</i>	56
<i>Chloracetate-esterase staining</i>	58
<i>Nonspecific (naphtholacetate-)esterase staining</i>	59
Blood Coagulation and Hemorrhagic Disorders	60
<i>Congenital coagulation disorders</i>	61
<i>Acquired coagulation disorders</i>	61
<i>Therapeutic anticoagulation</i>	61
Coagulation Tests	62
<i>Bleeding time</i>	62
<i>Coagulation time</i>	62
<i>Prothrombin time</i>	62
<i>Partial thromboplastin time</i>	62
<i>Thrombin time</i>	63
Platelets	63
<i>Thrombocytopenias</i>	63
<i>Thrombocytosis and thrombocythemia</i>	64

Normal Hematological Values

Blood Volume

The blood volume averages 75 ml/kg body weight in men, and 65 ml/kg body weight in women. The total blood volume consists of the cell volume and the plasma volume. The hematocrit gives the volume of packed red cells as a percentage of the total volume.



	Men ml/kg body weight	Women
Plasma volume	40	37
Cell volume	35	28
Total	— 75	— 65

Cellular Components of Blood

The normal values for the individual cellular components are given on page 3.

Erythrocytes and Hemoglobin

The erythrocyte is a biconcave round disk with a diameter of 7–7.8 µ and a maximum thickness of 2.5 µ. The most important component of the erythrocyte is hemoglobin. This pigment is the sole carrier of oxygen and partly also of carbon dioxide. Hemoglobin consists of four heme groups and globin (protein portion). Each heme group contains a divalent iron atom, and the globin consists of two α and two β chains. Each α chain consists of 141 amino acids and each β chain of 147 amino acids. Variations in the amino acid sequence of any one chain are the cause of hemoglobinopathies, e.g. hemoglobin S in sickle cell anemia.

The erythrocytes have a life-span of 120 days. The energy requirement of the erythrocytes is met by glucose; the erythrocyte mass of an adult requires 15–20 g glucose daily. About 90% of the intraerythrocytic glucose breakdown takes place via the anaerobic cycle and about 10% via the aerobic cycle.

Erythrocyte cell indices are calculated as follows:

Mean hemoglobin content of individual erythrocytes (Mean Corpuscular Hemoglobin, MCH)

$$\text{MCH} = \frac{\text{Hb (g/100 ml)} \times 10}{\text{erythrocytes } (10^6)/\text{mm}^3} = 29 \pm 2 \text{ pg (picogram)}$$

Mean hemoglobin concentration in erythrocytes (Mean Corpuscular Hemoglobin Concentration, MCHC)

$$\text{MCHC} = \frac{\text{Hb (g/100 ml)} \times 100}{\text{hematocrit}} = 33 \pm 2\%$$

Mean erythrocyte volume (Mean Corpuscular Volume, MCV)

$$\text{MCV} = \frac{\text{hematocrit} \times 10}{\text{erythrocytes } (10^6)/\text{mm}^3} = 89 \pm 5 \text{ fl (femtoliter)}$$

The cell indices allow the classification of anemias according to cell size, hemoglobin content and hemoglobin concentration.

Leucocytes

The number of leucocytes varies from 4000 to 9500 cells per mm³. If the value lies below 4000 one speaks of leucopenia, and if the value exceeds 9500 leucocytosis is present. An increase in the band neutrophils of more than 16% is designated as shift to the left. The half-life of the neutrophilic granulocytes in the circulating blood is only 6–7 hours. The most important functions of neutrophilic granulocytes are phagocytosis and the destruction of bacteria. The eosinophilic granulocytes are increased in allergic conditions. Monocytes have similar functions to the neutrophilic leucocytes. The lymphocytes and plasma cells take part in immunological defense. Plasma cells and B-lymphocytes produce antibodies against bacterial and viral agents, and T-lymphocytes play an important role in cellular immunity, i.e. against fungal infections.

Bone Marrow

The bone marrow obtained by puncture from the sternum and iliac crest consists of half fat and of half cells. The quantitative cell distribution is listed on page 10. Erythrocytes, granulocytes, monocytes and platelets are formed exclusively in the bone marrow; lymphocytes and plasma cells originate mainly in lymph nodes and spleen and, to only a very small extent, in the bone marrow and liver.

Hemogram with Normal Values

Name _____ Date _____

Hemoglobin	_____ g%	(♂ 14–18) (♀ 12–16)	MCHC:	_____ %	(31–35)
Erythrocytes	_____ /mm ³	(♂ 5±0.5 × 10 ⁶) (♀ 4.5±0.5 × 10 ⁶)	MCH:	_____ pg	(27–31)
Hematocrit	_____ %	(♂ 45±4) (♀ 40±4)	MCV:	_____ fl	(84–94)
Reticulocytes	_____ %	(5–15)	Leucocytes:	_____ /mm ³	(4–9500)
			Platelets:	_____ /mm ³	(150–350000)

Differential blood picture

Erythroblasts

Myeloblasts	_____ %	Erythrocytes
Promyelocytes	_____ %	Hb staining
Myelocytes { immature	_____ %	Normocytosis
semi-mature	_____ %	Anisocytosis
mature	_____ %	Microcytosis
Metamyelocytes	_____ %	Macrocytosis
Neutro- { band	_____ % (5–16)	Megalocytes
phils { segmented	_____ % (40–60)	Ovalocytes
Eosinophils	_____ % (2–4)	Poikilocytosis
Basophils	_____ % (½–1)	Polychromasia
Monocytes	_____ % (6–10)	Basophilic stippling
Lymphocytes	_____ % (20–35)	Target cells
Plasma cells	_____ %	Howell-Jolly bodies

Neutrophils	Nuclei:	normal segmentation, hypersegmented, pyknotic
	Plasma:	orthochromic, vacuoles, basophilic zones
	Granules:	fine, semi-coarse, coarse
Monocytes	Nucleus:	juvenile, old, granules
Lymphocytes	Nuclei:	small, large, indented
	Plasma:	basophilic, pale, wide, narrow, azurophilic
		granules
Platelets	Number:	assessed as normal, decreased, increased
	Quality:	giant platelets

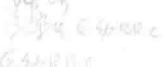
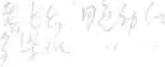
Erythropoiesis

(Fig 1)

Megaloblasts and normoblasts must be strictly distinguished from each other morphologically. Megaloblasts are present only at the embryonic stage of development and in anemias due to vitamin B₁₂ or folic acid deficiency. Megaloblasts develop into megalocytes, and normoblasts into normocytes.

The megaloblast is a very large cell with a slightly oval nucleus usually situated eccentrically. The chromatin forms a delicate network.

The normal erythroblast is smaller than the megaloblast and as a rule differs from it by a narrow cytoplasmic rim and a much denser, lumpier nuclear chromatin. The maturation process of the two cell types is the same.

- | | | |
|------------|----------------------------|---|
| 1 | Promegaloblast. | Fine nuclear structure with nucleoli; cytoplasm basophilic, cloudy |
| 2, 3 | Basophilic megaloblasts |  |
| 4, 5, 6 | Polychromatic megaloblasts |  |
| 7, 8 | Oxyphilic megaloblasts |  |
| 9 | Megalocyte |  |
| 10 | Pronormoblast |  |
| 11, 12 | Basophilic normoblasts |  |
| 13, 14, 15 | Polychromatic normoblasts |  |
| 16, 17 | Oxyphilic normoblasts |  |
| 18 | Normocyte |  |
| 19 | Karyorrhexis |  |
| 20 | Howell-Jolly body | |

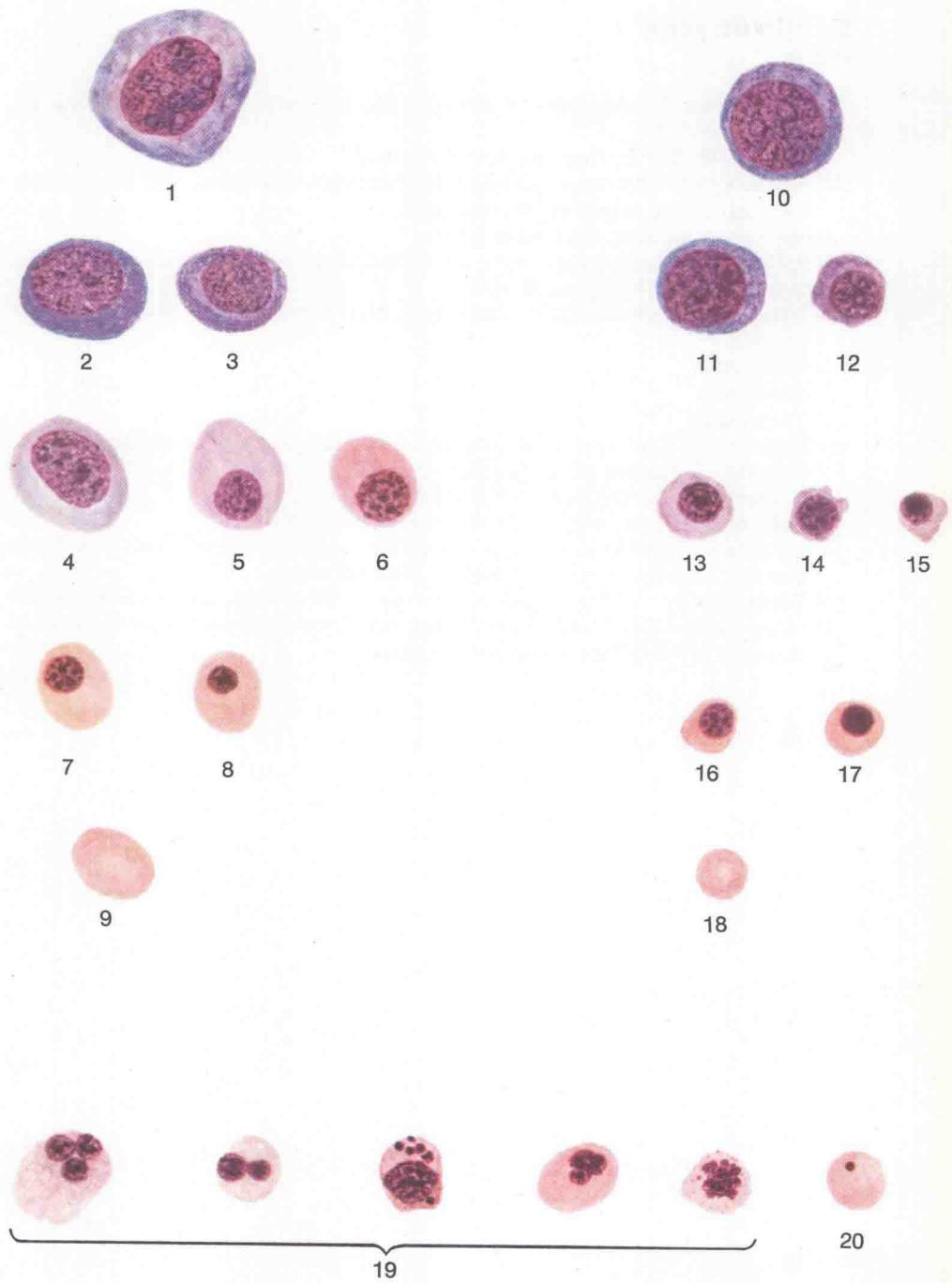


Fig 1 Erythropoiesis

Erythrocytes

(Fig 2)

- 1 **Normocytes** Erythrocytes of normal size (7.4μ), shape and hemoglobin content
- 2 **Macrocytes** Larger than normocytes, round
- 3 **Megalocytes** Very large, elliptical erythrocytes, well-filled with hemoglobin (present only in megaloblastic anemias)
- 4 **Microcytes** Smaller than normocytes
- 5 **Spherocytes** Small, round, dark red erythrocytes with abundant hemoglobin, usually without pale central area
- 6 **Hypochromic erythrocytes** Large, pale central area due to low hemoglobin content
- 7 **Ovalocytes**
- 8 **Sickle cells**
- 9 **Target cells**
- 10 **Poikilocytes** Erythrocytes of irregular shape, frequently pear-shaped
- 11 **Crenated forms** Shrinkage products
- 12 **Anisocytosis** Erythrocytes of varying size
- 13 **Polychromasia** Juvenile erythrocytes with a bluish tint
- 14 **Basophilic stippling** Erythrocytes with blue stippling. Sign of regeneration in anemias. Present in large numbers in lead poisoning.
- 15 **Reticulocytes** Young erythrocytes with substantia granulofilamentosa. Normally 5–15 per 1000 erythrocytes. An increase indicates vigorous regeneration of erythrocytes in the bone marrow.

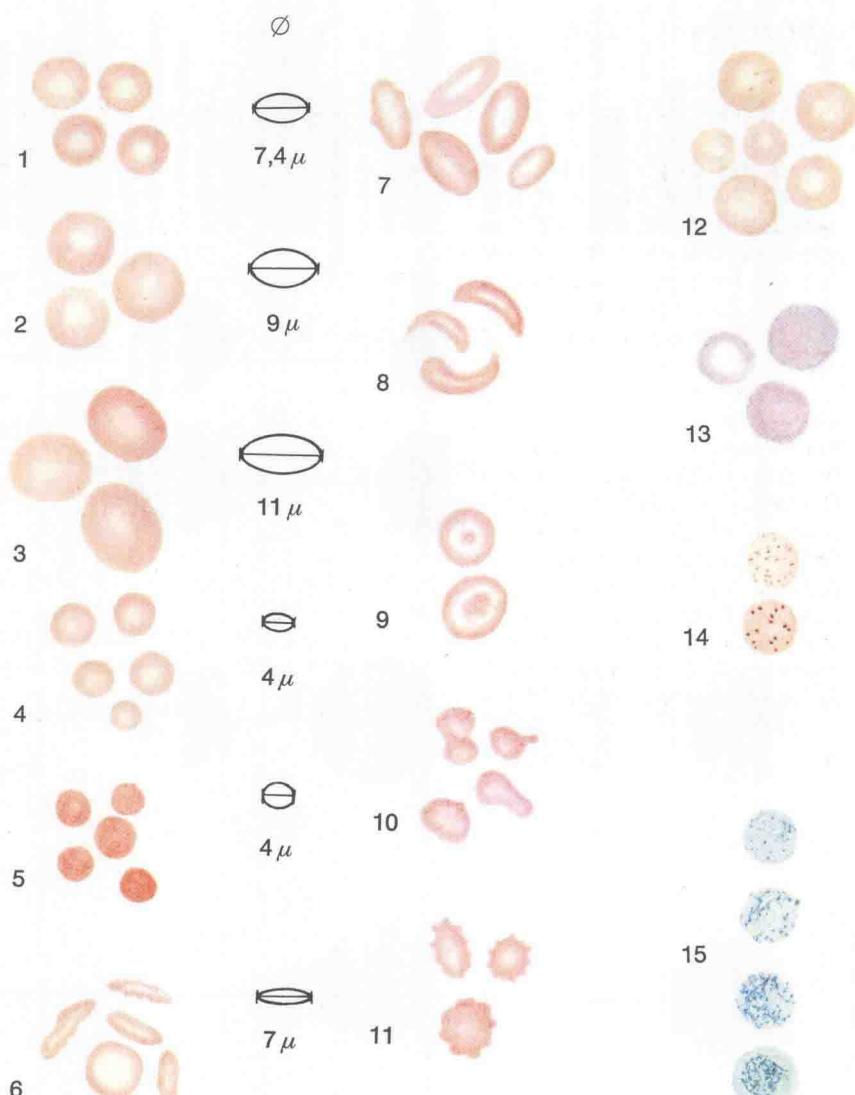
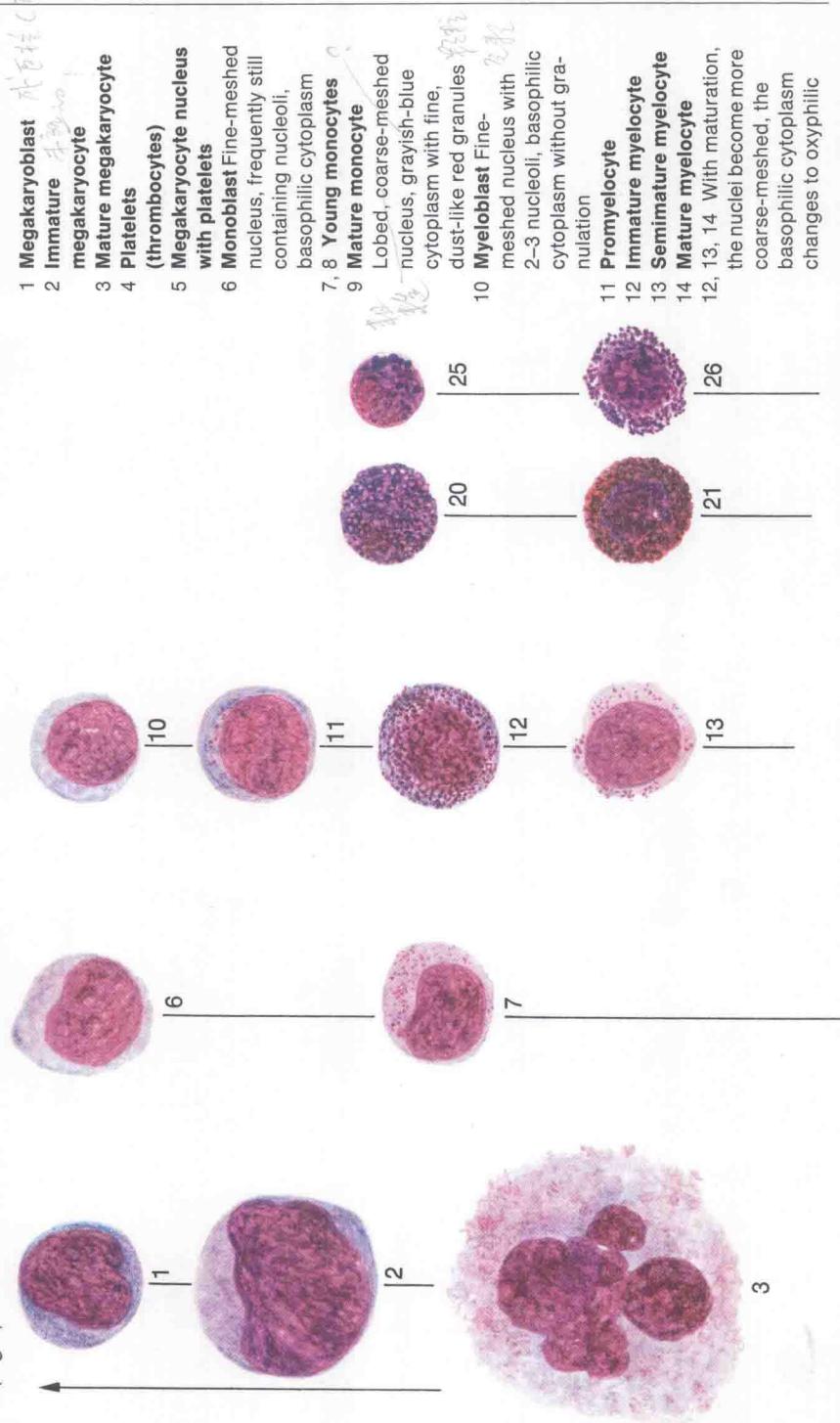
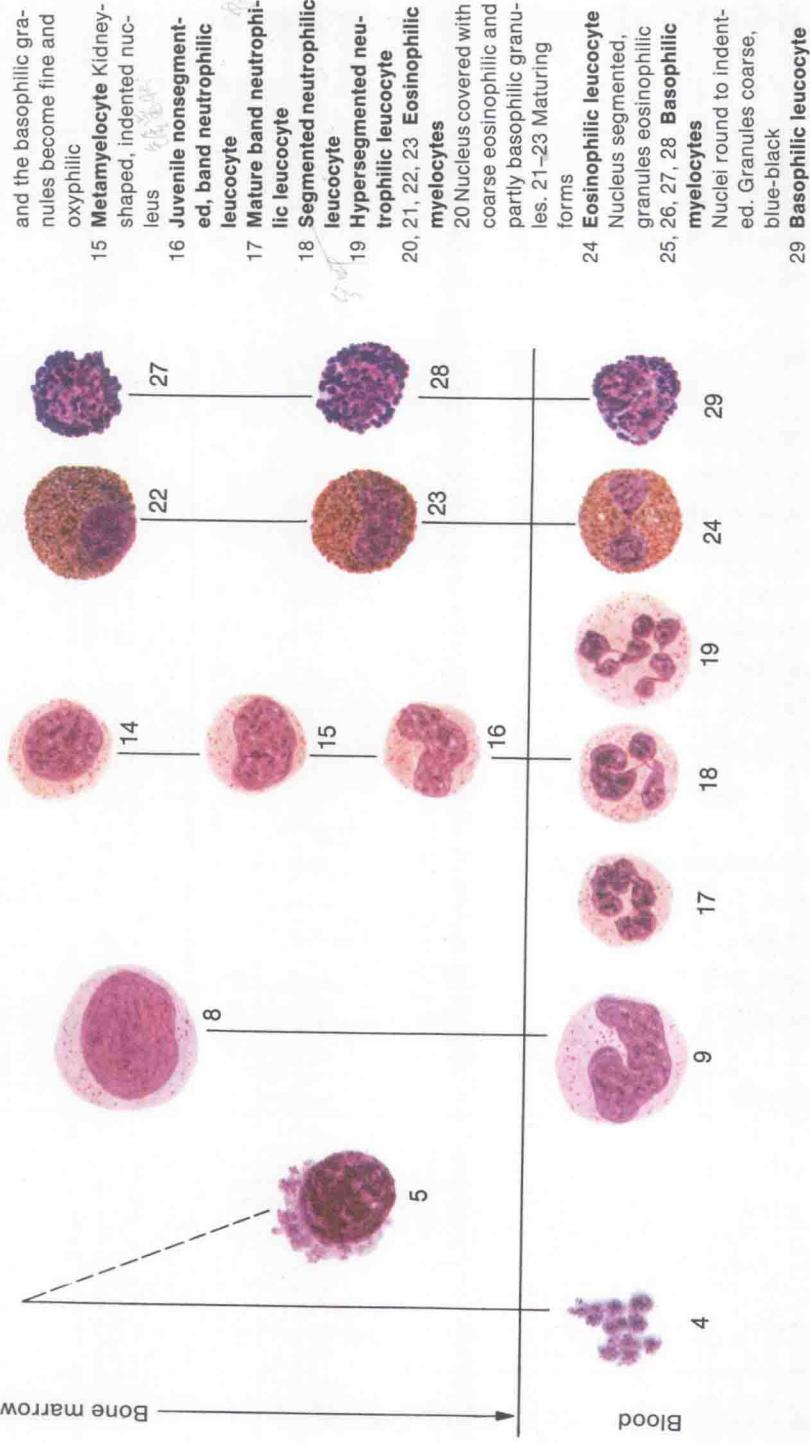


Fig 2 Erythrocytes

Leuco- and Thrombopoiesis (Fig 3)

Fig 3





Normal Cell Distribution in Bone Marrow

	Normal values
Pronormoblasts	1
Basophilic normoblasts	3
Polychromatic normoblasts	6
Oxyphilic normoblasts	12
	22
Myeloblasts	1
	1
Promyelocytes	4
Myelocytes, immature	4
Myelocytes, semi-mature	12
Myelocytes, mature	12
Metamyelocytes	7
Band neutrophils	30
Segmented neutrophils	6
Eosinophils	4
Basophils	0-1
	0-1
Monocytes	2
Lymphocytes and lymphoid cells	8
Plasma cells	2
Reticulum cells	1
Macrophages	0-1
Tissue mast cells	0-1
	0-1
Megakaryocytes