Hemolytic crisis

Hemolytic crisis occurs when large numbers of red blood cells are destroyed over a short time. The loss of red blood cells occurs much faster than the body can produce new red blood cells.

Considerations

During a hemolytic crisis, the body cannot make enough red blood cells to replace those that are destroyed. This causes acute and often severe anemia.

The part of red blood cells that carries oxygen (hemoglobin) is released into the bloodstream. This can lead to kidney damage.

Causes

Causes of hemolysis include:

- A lack of certain proteins inside red blood cells
- Autoimmune diseases
- Certain infections
- Defects in the hemoglobin molecules inside red blood cells
- Defects of the proteins that make up the internal framework of red blood cells
- Side effects of certain medicines
- Reactions to blood transfusions

When to Contact a Medical Professional

Contact your health care provider if you have:

- Symptoms of anemia, including pale skin or fatigue, especially if these symptoms get worse
- Urine that is red, red-brown, or brown (tea-colored)

What to Expect at Your Office Visit

Emergency treatment may be necessary. This may include a hospital stay, oxygen, blood transfusions, and other treatments.

When your condition is stable, your provider will perform a physical examination and ask about your medical history and symptoms. The physical exam may show swelling of the spleen (splenomegaly).

Tests that may be done include:

- Blood chemistry panel
- Complete blood count (CBC)
- Coombs test
- Haptoglobin
- Lactate dehydrogenase

Treatment depends on the cause of hemolysis.

Alternative Names

Hemolysis - acute

References

Gallagher PG. Hemolytic anemias: red blood cell membrane and metabolic defects. In: Goldman L, Cooney KA, eds. *Goldman-Cecil Medicine*. 27th ed. Philadelphia, PA: Elsevier; 2024:chap 147.

Review Date 3/31/2024

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