

Original Research Article

STUDY OF IMPLICATION OF WBC AND PLATELET COUNT AMONG SICKLE CELL DISEASE PATIENTS IN WAGHODIA REGION, VADODARA, GUJARAT

ABSTRACT

Introduction: Hematological parameters are very useful profiles in the effective management of the disease. However, there is scarcity of studies on the hematological parameters of SCD in Gujarat.

Objective: The objective of the study was to changes in hematological finding in patients of sickle cell disease

Materials and Methods: This Prospective study includes total 150 participants who suffering from sickle cell anemia and attending at our Institute. Complete blood count (CBC) and sickling test was done from all participants. Comparison of results was done between Sickle cell trait and Sickle cell disease Group

Results: The mean age of the SCA patients was 25.54±10 years. Maximum participants are found to be from age group 25-30 yr(n=35) followed by 20-25 yr(n=30). Of the 150 SCA patients, 89 (59.33%), and 61 (40.66%) were males and females, respectively. The Mean value of WBC count(/cumm) in SCT group is 10611±3015 and SCD is 14427±3693 while the Mean value of Platelet count((lacs/cumm) is 3.75±1.10 and 4.04±0.94 SCT and SCD Group

Conclusions: The present study found elevated levels of WBC and PLT among the SCD patients, possibly reflecting spleen effect in these patients. These hematological parameters present a more descriptive data on SCD patients in Gujarat and may as well provide a useful tool and assist clinicians in the management of SCD patients in india

Key Words: Sickle cell, WBC(White blood cell), Platlet count, vasoocclusion crisis(VOC)

INTRODUCTION

Sickle cell disease (SCD) and its variants are genetic illnesses caused by a mutant type of haemoglobin in the blood [1,2] Renal illness is one of the most common consequences, and kidney damage can begin as early as childhood and progress throughout life, creating serious difficulties India is thought to be home to more than half of the world's SCD patients The HbS gene is largely found among scheduled tribal, scheduled caste, and other backward caste groups of Madhya Pradesh, Orissa, Chhattisgarh, Jharkhand, Gujarat, Andhra Pradesh, and Kerala states, where carrier frequencies range from 5% to 40% or more [3,4] Complications resulting from a vasoocclusive crisis(VOC) characterize the clinical picture of sickle cell disease (SCD) VOC is produced as a result of a complicated process

MATERIALS AND METHODS

This cross sectional study was conducted at Parul Institute of Applied Sciences in collaboration with Parul Sevashram Hospital, Vadodara, Gujarat from 2017-2018

Inclusion Criteria: Sickle cell disease patients already diagnosed by any of the confirmatory method like Hb gel electrophoresis, capillary electrophoresis and genetic analysis along with investigated for complete blood count(CBC) aged 5 years and above will be considered for enrolment

Sample size:

The sample size will be 150 already diagnosed Sickle cell disease patients

Data collection

Data collection of following parameters will be done

- 1 Age, sex and weight of the patients
- 2 BMI(Body mass index)
- 3 Hemogram(CBC)

Specimens and Investigations

Blood samples for Complete blood count was collected aseptically in 5 ml EDTA vacutainers

An Uniq ID was mentioned in all samples to hidden the identity of patients

WBC and platelet count estimation done by using 6 part cell counter (Impedence Method) at central laboratory of our hospital

Results of all collected samples were analysed statistically and calculate the Mean, SD and CV

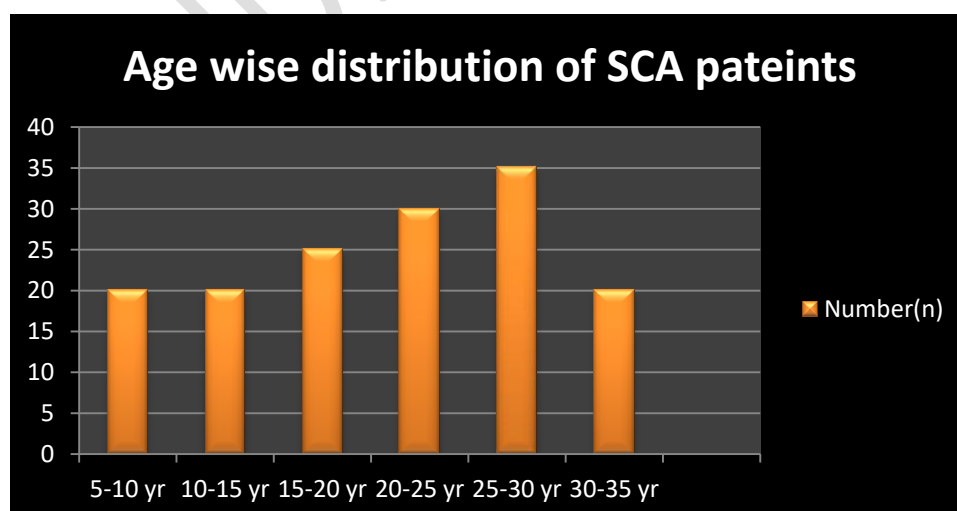
RESULTS

The mean age of the SCA patients was 25.54±10 years (**Table 1**)

Maximum participants are found to be from age group 25-30 yr(n=35) followed by 20-25 yr(n=30) Of the 150 SCA patients, 89 (59.33%), and 61 (40.66%) were males and females, respectively

Age Group(yr)	Number(n)
5-10 yr	20
10-15 yr	20
15-20 yr	25
20-25 yr	30
25-30 yr	35
30-35 yr	20
Total	150

Table 1: Demographic Characteristics of participants



Graph 1: Graphical Distribution of participants according to Age group

Total	Sickle cell trait(SCT)	Sickle cell disease(SCD)
150	92(61.33%)	58(38.66%)

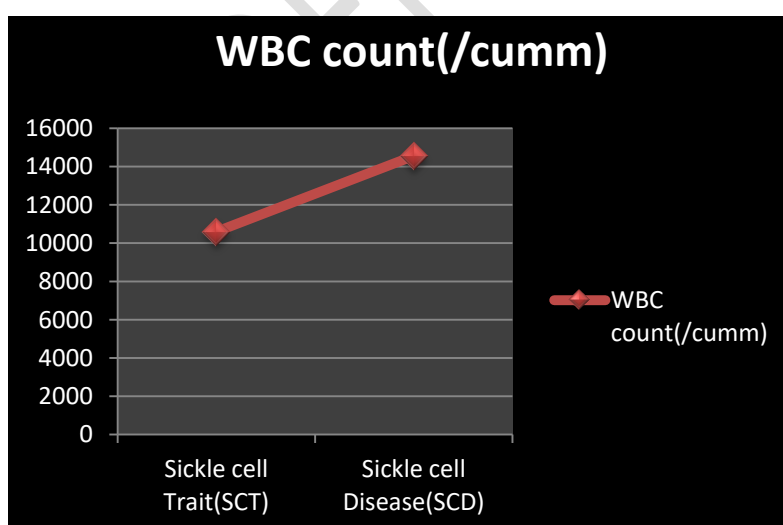
Table 2: Distribution of participants Based on type of sickle cell anemia (SCA)

Total	Gender	Ratio
150	Male: female	89:61

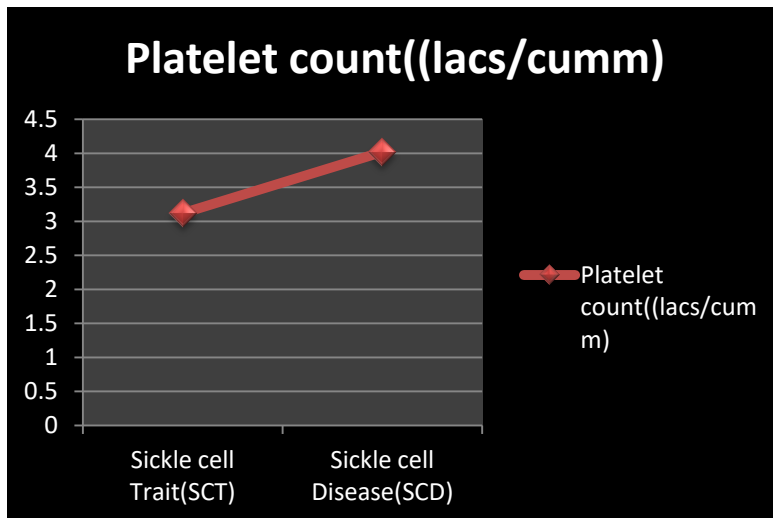
Table 3: Gender wise distribution of participants

	WBC count(/cumm)	Platelet count((lacs/cumm)	P-value
Sickle cell Trait(SCT)	10611±3015	3.75±1.10	<0.05
Sickle cell Disease(SCD)	14427±3693	4.02±0.94	<0.05

Table 4: Hematological changes in SCT and SCD patients



Graph 2: Showing correlation of WBC count with SCT and SCD group



Graph 3: Showing correlation of Platelet count with SCT and SCD group

The Mean value of WBC count(/cumm) in SCT group is 10611 ± 3015 and SCD is 14427 ± 3693 , the difference among them was found to be significant, p value is less than 0.05

while the Mean value of Platelet count (lacs/cumm) is 3.75 ± 1.10 and 4.04 ± 0.94 SCT and SCD Group respectively **and** the difference among them was found to be significant, p value is less than 0.05 (**Table 4**)

DISCUSSION

Hematological features and clinical severity of SCD are influenced by gender, genetic, and environmental factors. The presence of α -thalassemia, variation in Hb F level, and haplotype background that is linked to the β globin gene play an important role in the severity of disease [13,14]. This study highlights the association of hematological parameters with SCD vaso-occlusion (VOC) in India. Several reports indicate that changes in hematological parameters

may account for clinical complications observed in patients with SCD ^[15,16]Therefore, good management of SCD can be achieved when hematological parameters are regularly evaluated and the causes for the changes in the hematological parameters rectified

A similar study in india done by Francis RB et al reported elevated levels of PLTs among SCD patients ^[17] in our study also we got same finding Elevated WBC has been linked with SCD patients in previous studies Therefore, WBC and PLT counts are expected to increase in all patients who may present with any form of complication associated with SCD, as observed in the current study In particular, a significant part of this study was the inclusion of patients with VOC (HbSS VOC and HbSC VOC), which is the hallmark of SCD, as well as the greater sample size of subjects The higher PLT count seen in patients with SCD could be attributed to a possible splenic sequestration, reduction or absence of spleen resulting from hyposplenism in SCD or autosplenectomy, as well as the underlying chronic inflammation Reports indicate that, there is a correlation between PLT count and SCD, ^[18] which corroborates the higher counts of PLTs among SCD patients in this study, although a correlation was not determined in this study Findings from the our study on increased steady PLT count in SCD patients agree with the work of Freedman and Karpatkin^[19,20]

In contrast to platelet counts in crisis, thrombocytosis is a common observation in our study that is matched with previous study done by Okpala I et al ^[21] The prognostic implication of elevated baseline platelet counts is debatable with no conclusive evidence of its associations with disease severity or complications The literature is silent on the question of thrombocytosis in sickle cell crises and its relevance to outcome Findings in our study demonstrate that higher platelet counts during crises are linked to lower disease severity scores and predict higher survival chance

A previous report indicated that SCD patients have elevated white blood cell (WBC) counts, activated granulocytes, monocytes, and endothelial cells, enhanced expression of endothelial cell adhesion molecules, elevated cytokine levels and elevated acute-phase reactants Moreover, another study has reported that the use of drugs, such as Hydroxyurea, lowers WBC count and thus improves the clinical outcome of SCD patients Anemia, which is generally observed in SCD patients, is a reflection of an overall severity of SCD While higher counts or values of Hb are linked with higher rates of severe pain in SCD patients, ^[22]lower steady-state Hb usually accounts for higher risk of stroke in these same patients

Previous reports have demonstrated that high leukocyte count appears to be a risk factor for several severe complications of SCD, such as rates of severe pain, acute chest syndrome, and mortality. The study by Balkaran et al established an association of increased WBC with cerebrovascular accident^[23-24]

Omoti et al in his study, also recorded high PLT counts among SCD patients with vaso-occlusion as well as those in the steady state. Although WBC counts were generally elevated in SCD patients, it is worth noting that the difference in counts was significantly higher in patients with HbSS VOC. Therefore, as the condition of SCD progresses from mild to severe with hemolysis, an elevated WBC count is expected in such patients^[25]

CONCLUSION

The present study found elevated levels of WBC and PLT among the SCD patients, possibly reflecting spleen effect in these patients. These hematological parameters present a more descriptive data on SCD patients in Gujarat and may as well provide a useful tool and assist clinicians in the management of SCD patients in India.

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