

CLS 291 Clinical Hematology 1

جامعة  
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Lecture 11

# Hemoglobin Electrophoresis

# Hb variants

- There are a number of abnormal Hb, such as:
  - Hb S
  - Hb C
  - Hb O
  - Hb D
  - Hb H

# Hemoglobin S Mutation

- There is a substitution of an amino acid in the  $\beta$  chain.
- Glutamic acid is substituted by Valine at position 6 of the  $\beta$  chain.

## HBB Sequence in Normal Adult Hemoglobin (Hb A):

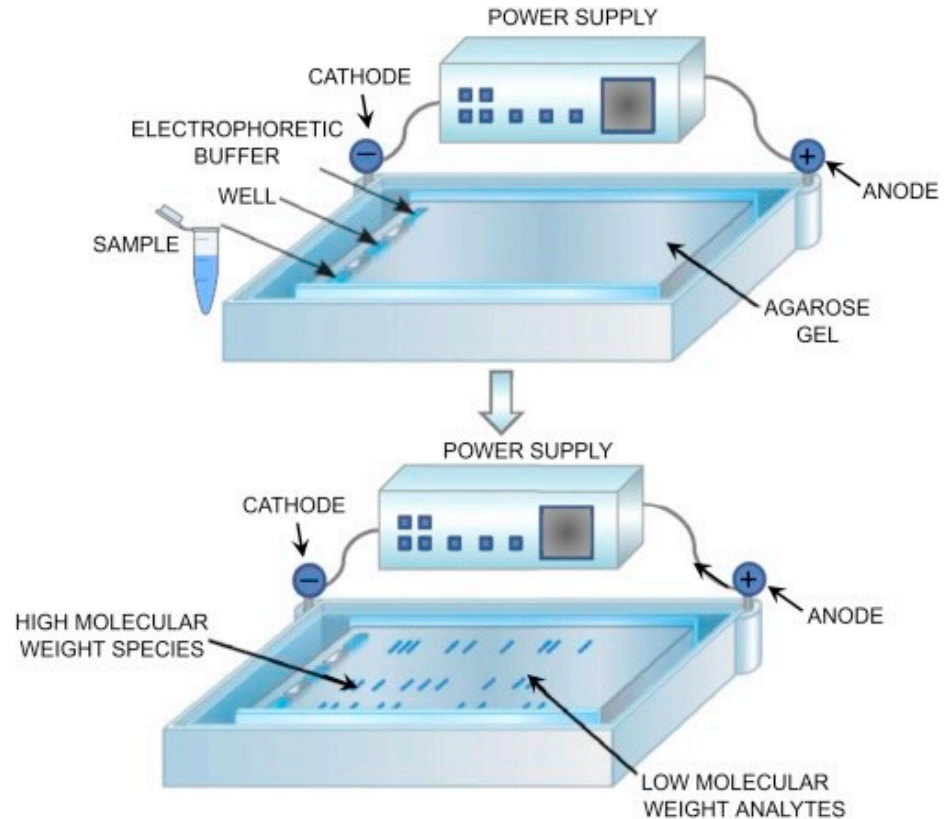
Nucleotide	CTG	ACT	CCT	GAG	GAG	AAG	TCT
Amino Acid	Leu	Thr	Pro	Glu	Glu	Lys	Ser
	3			6			9

## HBB Sequence in Mutant Adult Hemoglobin (Hb S):

Nucleotide	CTG	ACT	CCT	GTG	GAG	AAG	TCT
Amino Acid	Leu	Thr	Pro	Val	Glu	Lys	Ser
	3			6			9

# Electrophoresis

- Electrophoresis uses an electrical current to separate normal and abnormal types of hemoglobin in the blood.
- Hemoglobin types have different electrical charges and move at different speeds.
- An abnormal amount of normal hemoglobin or an abnormal type of hemoglobin in the blood may indicate a disease state.



# Types of Electrophoresis

## Types of Electrophoresis:

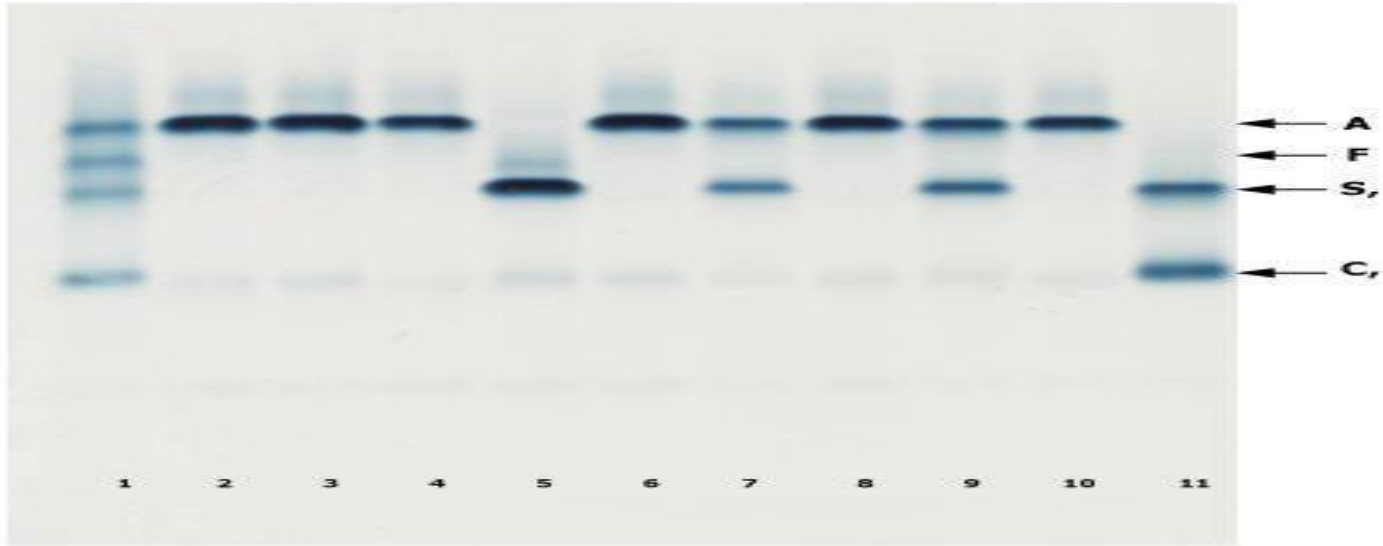
1. Cellulose Acetate Electrophoresis at Alkaline pH 8.0
  2. Citrate Agar Electrophoresis at pH 6.0
  3. Agarose Gel Electrophoresis.
- The automated method to detect the Hb variant is Automated Hb electrophoresis or Automated High-Performance Liquid Chromatography (HPLC)
  - Technical factors affect Hb mobility:
    1. The intensity of the electrical field.
    2. Nature of charged particles on specific pH.
    3. Medium in which the movement may occur.

# Cellulose Acetate Electrophoresis at Alkaline pH

## Principle

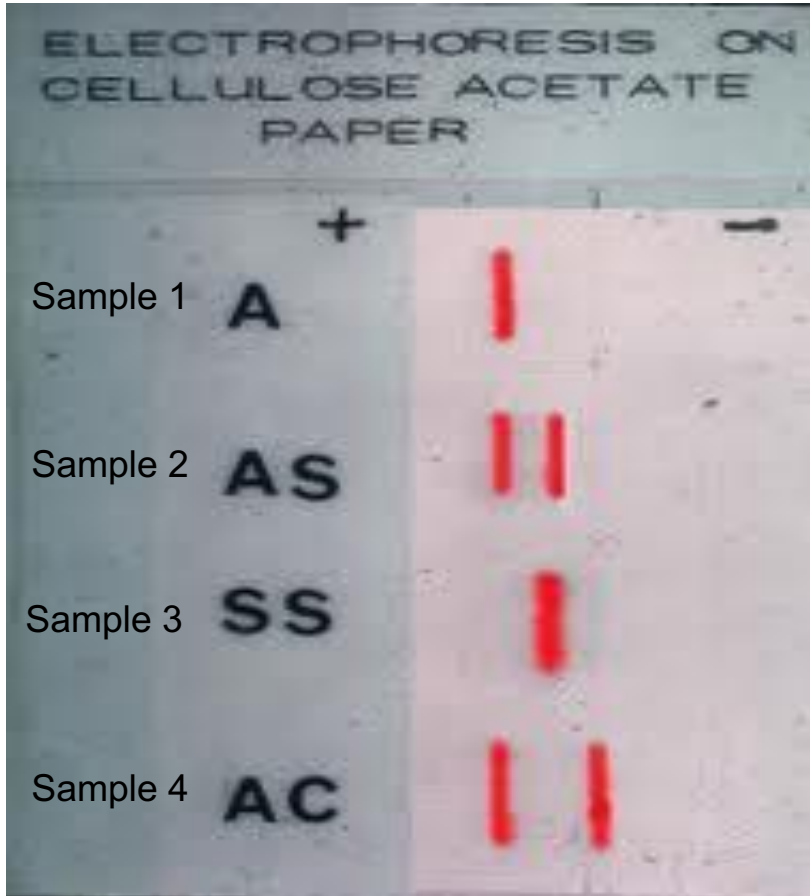
- At alkaline pH, haemoglobin is a negatively charged protein and when subjected to electrophoresis will migrate toward the anode (+).
- Structural variants that have a change in the charge on the surface of the molecule at alkaline pH will separate from Hb A.
- Haemoglobin variants that have an amino acid substitution that has no effect on overall charge will not separate by electrophoresis.

# Electrophoresis Result Reading

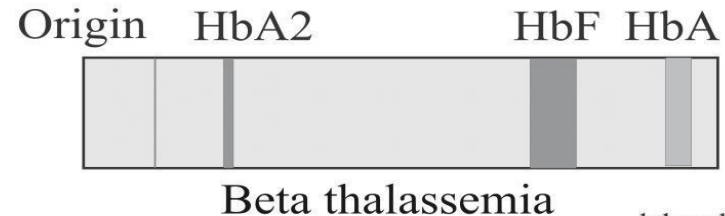
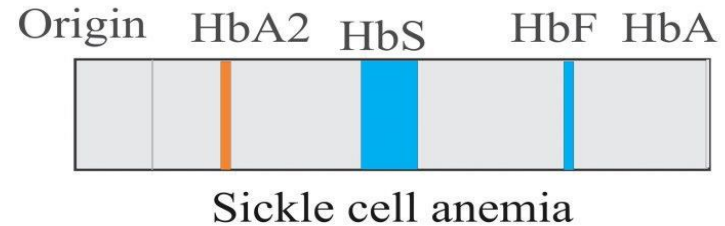
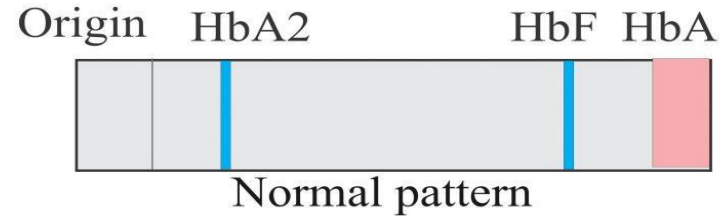


- This is an example of hemoglobin electrophoresis run at alkaline pH on cellulose acetate.
- The electrophoretic positions of the more common hemoglobins are shown on the right.
- Lane 1 is a commercial standard containing approximately equal amounts of hemoglobins A, F, S, and C.

# Electrophoresis Result Reading

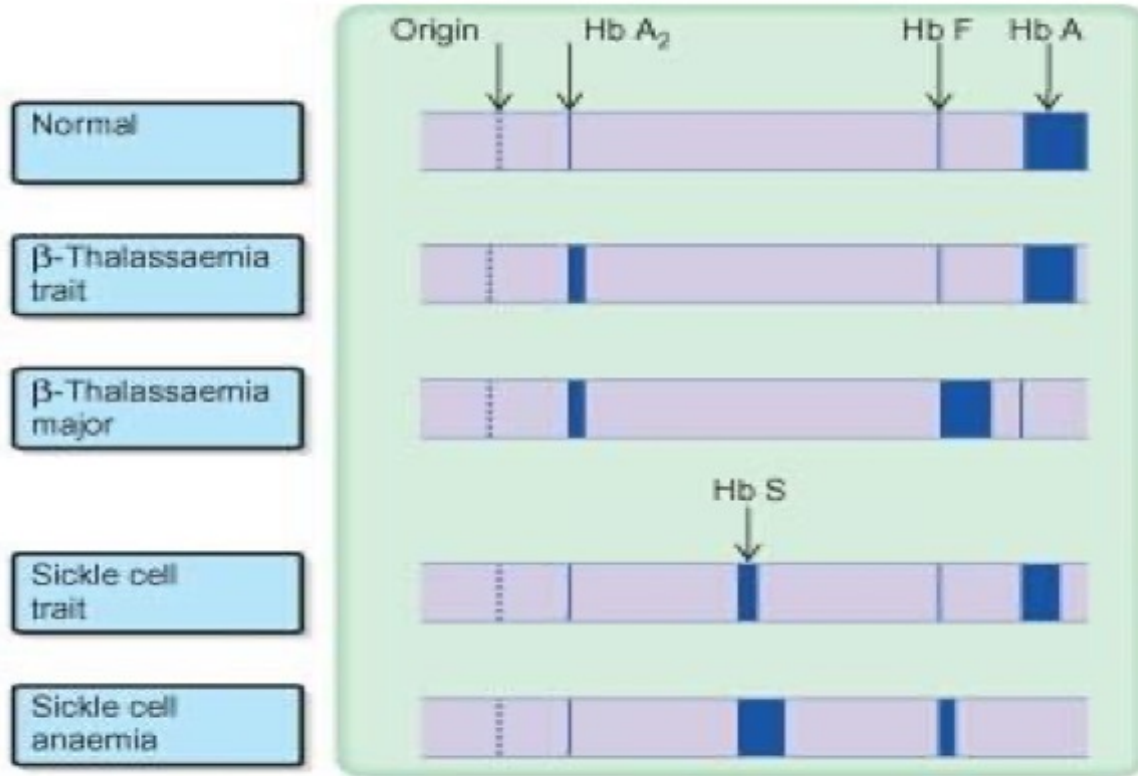


## Hb Electrophoresis





# Electrophoresis Result Reading



**Table 2.3** Normal haemoglobins in adult blood.

	Hb A	Hb F	Hb A <sub>2</sub>
Structure	$\alpha_2\beta_2$	$\alpha_2\gamma_2$	$\alpha_2\delta_2$
Normal (%)	96–98	0.5–0.8	1.5–3.2

- Results are qualitative and quantitative.
- The different types of Hb can be identified (qualitative).
- The amount of each separated hemoglobin is measured (quantitative).

# Example of HPLC result

## High Performance Liquid Chromatography (HPLC)

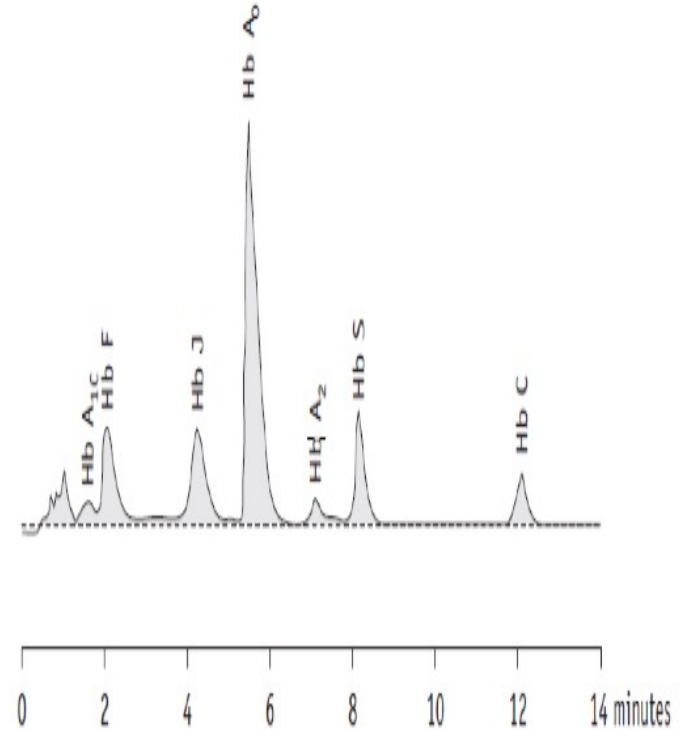
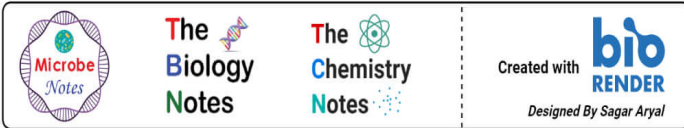
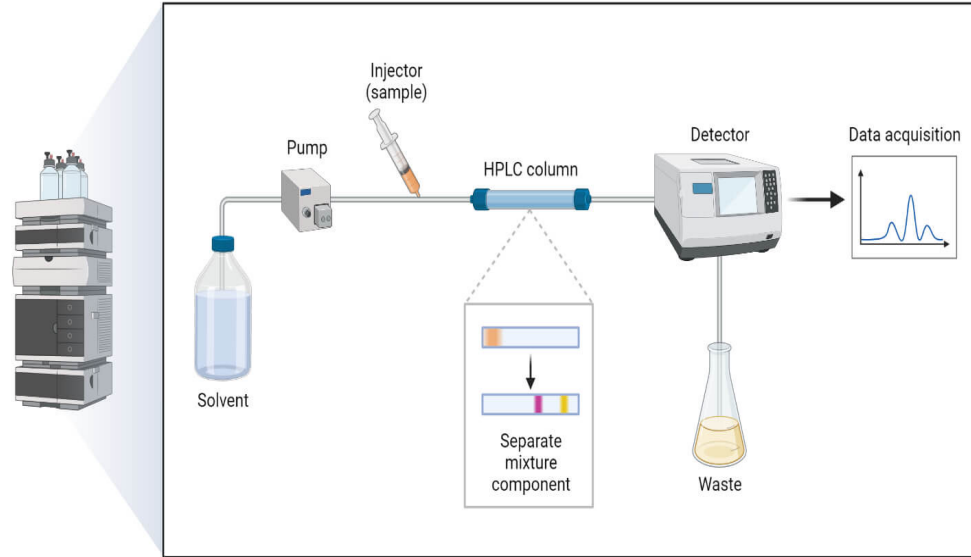


Figure 14.7 A mixture of haemoglobins separated by high-performance liquid chromatography (HPLC).

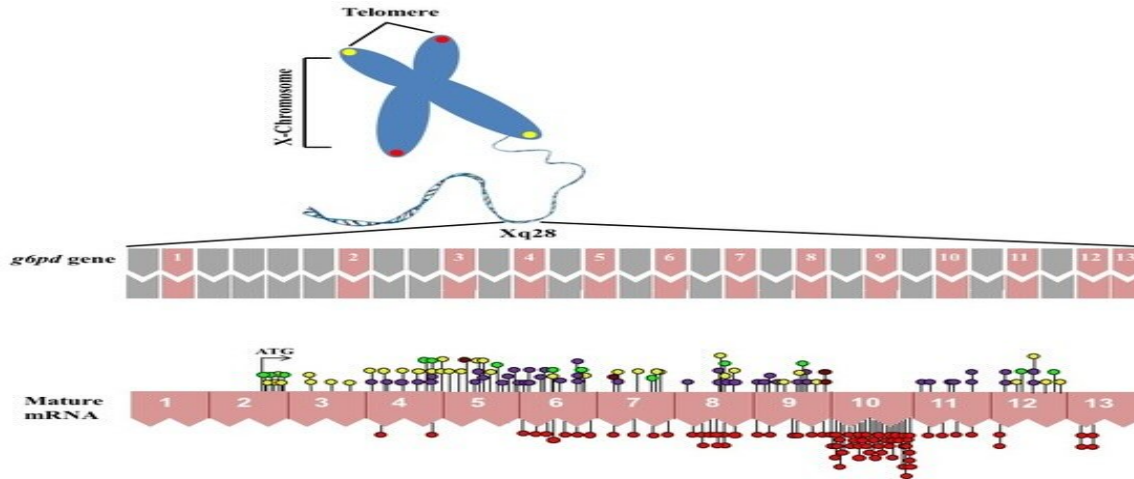


Lecture 12

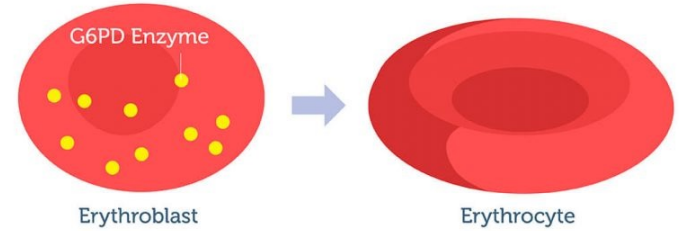
# Glucose-6-Phosphate Dehydrogenase (G6PD) Deficiency

# G6PD Deficiency

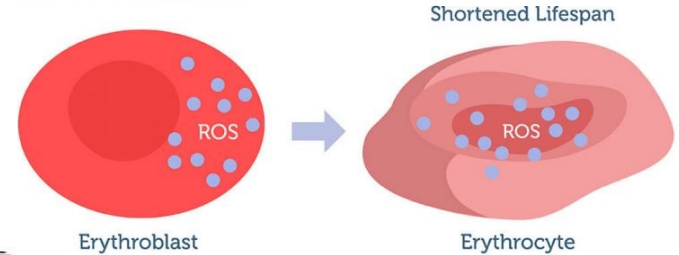
- G6PD deficiency is the most common enzymatic disorder of RBCs.
- Many gene variants were detected (around 180 variants).
- G6PD deficiency is an X-linked disease.



*G6PD Normal*

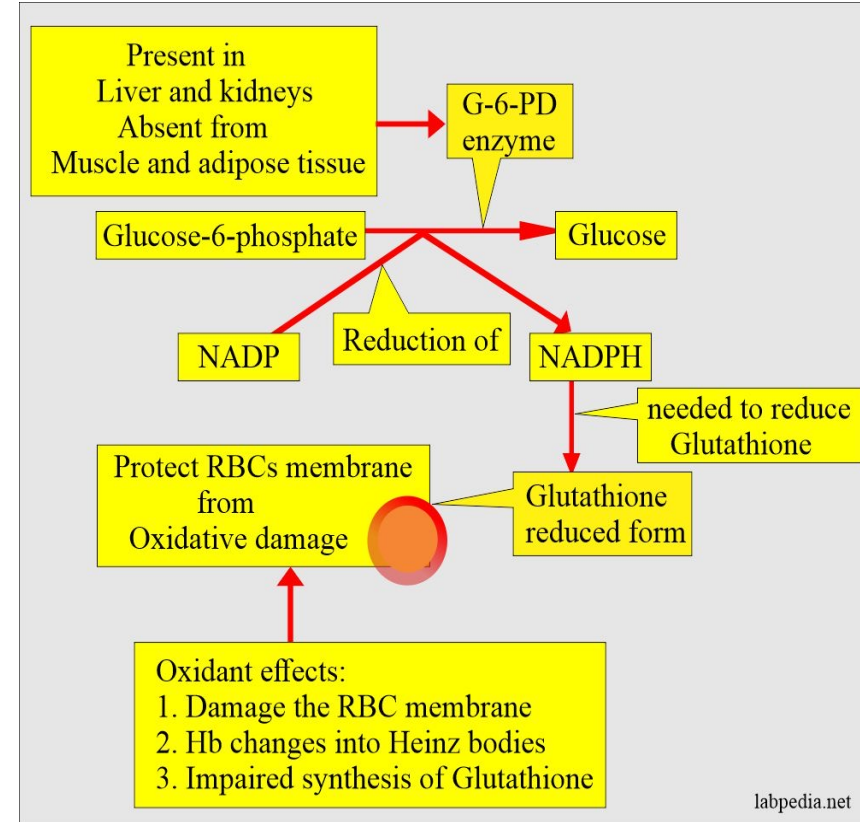


*G6PD Deficient*

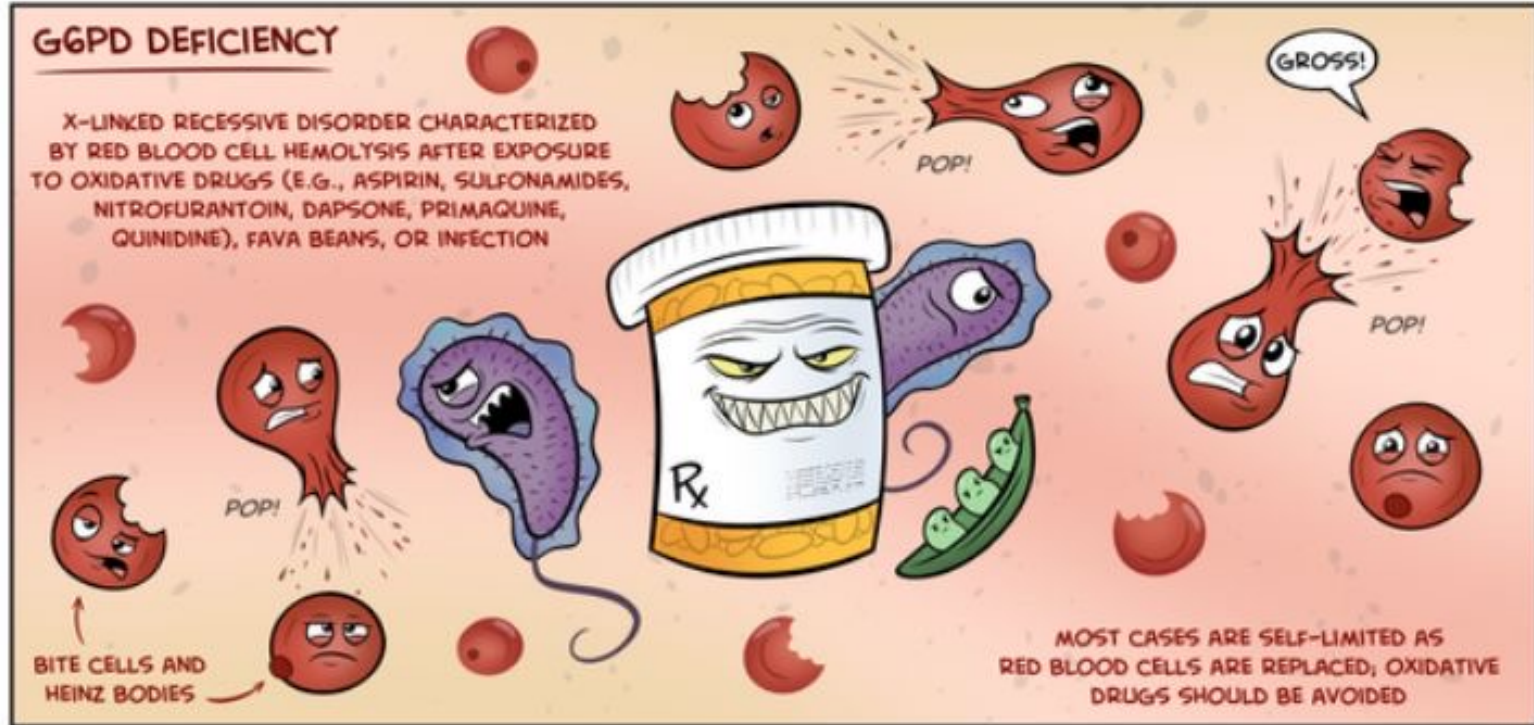


# G6PD Deficiency

- G6PD enzyme functions in the protection against oxidative stress.
- The lack of G6PD leads to hemolysis during oxidative stress as a result of infection, medication, fava beans, and substance (henna).
- Oxidative stress leads to Heinz body formation and extravascular hemolysis.

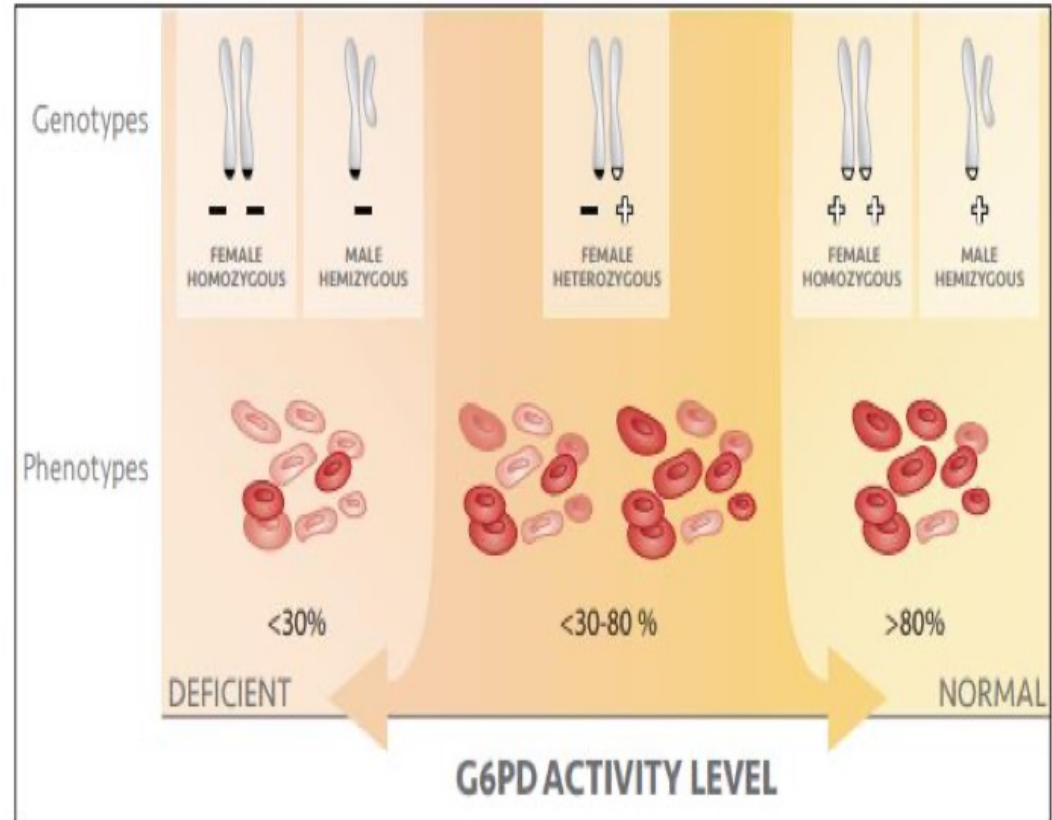


# Triggers of Oxidative Stress



# G6PD Deficiency

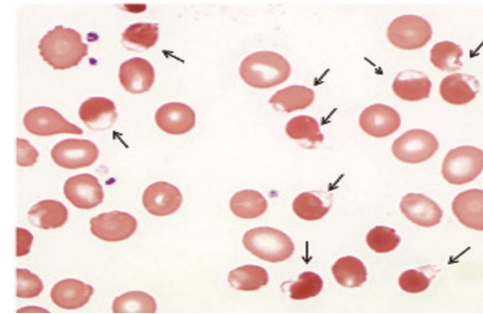
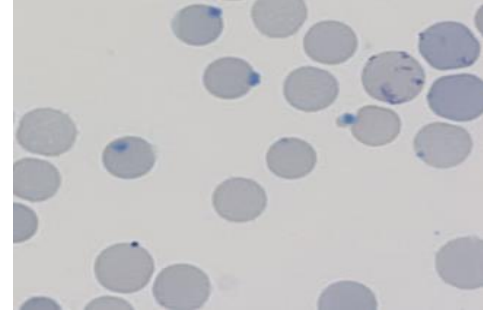
- Glucose-6-phosphate dehydrogenase deficiency ranges from mild to severe, depending on the level of enzyme activity.
  - A value **>80%** of normal red blood cell G6PD activity is considered **G6PD normal**.
  - Red cell G6PD activity **less than 30%** of the normal median must be regarded as **G6PD deficient**.



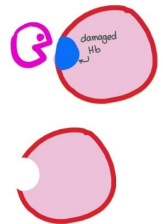
# G6PD Deficiency Testing

## Diagnosis of G6PD Deficiency:

1. **General screening test:**
  - a) CBC
  - b) Blood film: Bite cells, blister cells, small irregular cells, Heinz bodies, polychromasia.
2. **Special Screening of G6PD deficiency:**
  - a) Fluorescent spot testing (FST).
3. **Confirmatory test:**
  - Quantitative measurement of G6PD enzymatic activity.
4. **Molecular test:** Detection of G6PD gene mutations.



Heinz  
Bodies  
&  
Bite  
Cells





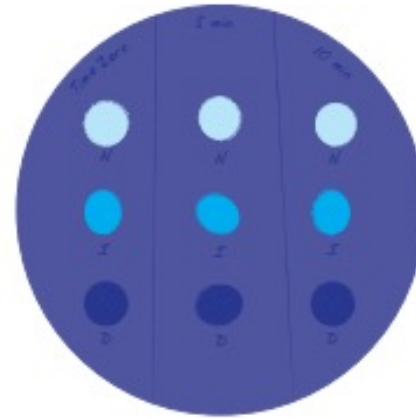
# Special Screening of G6PD Deficiency

- A fluorescent spot testing (FST) for the qualitative assessment of G6PD enzymatic activity (UV-based test).



## Fluorescent Spot Test

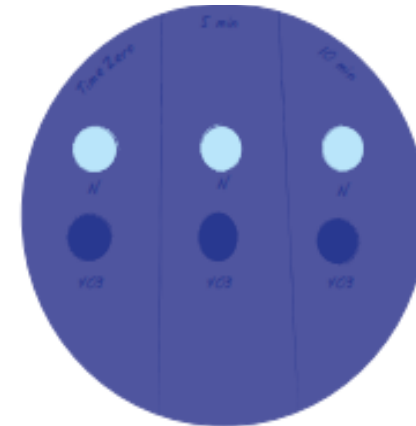
	T <sub>1</sub>	T <sub>2</sub>	T <sub>3</sub>
Normal			
INTERMEDIATE CONTROL			
Deficient			



Normal G6PD enzyme activity

Intermediate G6PD enzyme activity

Deficient G6PD enzyme activity



Normal controls

Deficient blood sample results

# Special Screening of G6PD Deficiency

A fluorescent spot testing (FST) principle:

- Blood is mixed with a reagent containing **NADP+** and **G6P**. The **G6PD** inside RBC will catalase the reaction to produce **NADPH** which is fluorescent.
- **NADPH fluorescence** is directly proportional to G6PD activity, and **lack of fluorescence signals G6PD deficiency**

