Evan's Syndrome: Case Series with Review of Literature

Dr Dhara Patel[1], Dr Sangita Shah[2], Dr Nidhi Bhatnagar[3], Dr Mamta Shah[4], Dr Garima Thakkar[5*], Dr Rajvi Vora[6]

[1] Senior resident doctor, Department of Immunohaematology and blood transfusion, B J Medical College and Civil Hospital, Ahmedabad.
[2,4] Assistant Professor, Department of Immunohaematology and blood transfusion, B J Medical College and Civil Hospital, Ahmedabad.
[3] Associate Professor & Head of Department, Department of Immunohaematology and blood transfusion, B J Medical College and Civil Hospital, Ahmedabad.
[5,6] Resident doctor, Department of Immunohaematology and blood transfusion, B J Medical College and Civil Hospital, Ahmedabad.

Corresponding Author: Dr Garima Thakkar

Email: garimathakkar4870@gmail.com

Abstract

Evans syndrome is a rare autoimmune disease in which an individual's antibodies attack the body's own red blood cells and platelets. It is characterised by simultaneous or sequential development of Immune Thrombocytopenic Purpura (ITP) and Autoimmune Hemolytic Anemia (AIHA) with positive Direct Antiglobulin test (DAT). AIHA can be cold, warm or mixed type depending on the type of antibody. 80% of total AIHA cases are warm AIHA. Warm AIHA is mostly caused by IgG antibody which reacts at 37^0 C. Warm AIHA is associated with classical case of Evan's syndrome. Some variants of Evan's syndrome are associated with leucocytosis. The current article discusses 3 cases of Evan's syndrome, all presenting differently - Classical Evan's syndrome, Evan's syndrome associated with leucocytosis and Evan's syndrome associated with neuropathic pain. In this case series, pathophysiology, workup done at blood centre and blood component transfusion support in patients with Evan's syndrome has been discussed.

Keywords: Evan's syndrome, Anemia, Autoimmune