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Reticulocitos definicion pdf

Reticulocitos definicion pdf. Definicion de reticulocitos en sangre. ¿cuáles son los síntomas de piedras en la vejiga. ¿qué enfermedad es cuando salen llagas en la boca. Reticulocitos bajos definicion. Recuento de reticulocitos definicion. ¿cuáles son los primeros síntomas del reumatismo. Definicion de reticulocitos.

You are here: The reticulocytols are red blood cells that are still under development, that is, they are considered as immature red blood cells . The reticulocytes are produced in Taurus and sent to the bloodstream. About two days later they form, they turn into ripe red blood cells. These red blood cells carry oxygen from the lungs to all body cells. The reticulocyte count measures the amount in the blood. A too high or low count can indicate a serious health problem such as nostrum anemia or disorders, Hygga and the á á á "e. Alternative Names: Reic Countest, the percentage of reticulocytes, reticulocyte index, reticulocyte production index, intellectual property rights The reticulocyte count is generally used for: diagnosis types of anemia. Anemia a medical problem in which blood has an abnormally low red blood cell number. It has different shapes and causes to see if the treatment for anemia translates to see if the nose method is producing the right amount of blood cells evaluate the operation of the panel number after a chemotherapy or method of methods you may need this test if: I might also need this test if you have symptoms of anemia, such as: weakness weakness lack of hands partheness air or cold feet at times is this test for N Recinean NATO to identify the hemolytic disease of the ban, which occurs When the mother's blood is not compatible with the child. This is known as the RH incompatibility and makes the mother's immune system attack red blood cells. Most pregnant women are proof of incompatibilities RH as part of the routine prenatal tests. The health professional takes a blood sample from a vein of the arm with a small needle. After inserting the needle, you extract some blood and place it in a test tube or vase. Perhaps you feel a slight discomfort when the needle is inserted or removed, but the procedure usually lasts less than five minutes. To try a newborn, the health professional cleans the child's hell with alcohol and perforated with a small needle. Then take a couple of drops of blood and put a bandage on the site. The reticulocyte counting test does not require any particular preparation. After the blood test, you can feel a slight pain or a bruise forms in the place where the needle is inserted, but most symptoms disappear quickly. The punishment needle test has a very little risk for the child. The child can feel a small catch when hell is perforated, and a small brunette can be formed. This should disappear quickly. If the results show higher levels of normal reticulocytions (reticulocytosis), it is possible to indicate that: it has hemolitical anemia: type of anaemia in which red blood cells are destroyed more quickly than the MAf © Dula Osea can replace them Child has the announcement hemolytic disease; it limits the blood ability to transport oxygen to the organs and fabrics if their results show an amount of bass reticulocytes than normal, it can mean that you have: iron deficiency anemia: type of anemia that It occurs when there is not enough iron in pernicious body anemia: type of anemia caused by lack of some vitamins b (b12 and folate) in the diet, or when the body cannot absorb enough vitamins b aplastic anemia: type of anemia that It occurs when the nose media cannot produce enough failure inadequate blood cells inadequate from a disease infection or the cancer of the ria ± those cirrhosis: scars in Hyd / Li> These results are usually compared with those of other blood tests. If you have questions about the results or your child, consult your doctor or health care professional. Most information on medical tests, reference intervals and how to understand the results. If the test results are not normal, this does not always mean you have anemia or other health problems. The reticulocyte counts are generally more elevated during pregnancy. The count can also temporarily increase if you move into a very high region. The count should return to normal once the body is adjusted to the low levels of oxygen in the higher altitude areas. J M. Young erythrocytes characterized by the presence of a network or mesh formed by filaments, remnants of nucleated preliminary stages. Request the CBC is one of the laboratory tests required more frequently and is part of the baseline studies necessary for the guidance of diagnosis and assessment of patients. The validity of this examination was maintained after the introduction of the classical erythrocyte indices described by Wintrobe in the 30s, evolves with the automation of cell counts developed by Coulter in 1950 and the incorporation of new parameters such as amplitude of distribution erythrocytes (AD / RDW) and platelets (ADP / PDW) currently supplied by the high generation autoanalyzers. Hematology laboratories establish flowchallows or automatic validation protocols of the results and reviewing the microscope of blood smear, integrating the use of advanced technology equipment, that provide the speed and accuracy of the process of cell counts, with the traditional microscopic observation that It allows the special Ista in Hematology Recognize morphological alterations emd, diagnostic relevance, which are not detected by autoanalyzers. The goal of this article is to deliver to the doctor, a simple and practical approach to the interpretation of the blood count, remembering some Basa Sicos concepts and highlighting the contribution of the new Count indexes.The Blood Cell (CBC) is one of most laboratory tests required frequently and is part of the prescribed Basic diagnostic orientation study and evaluation of Patients.This test remains valid after the introduction of Classic Red Cell indexes described by Wintrobe in the '30s, changing automation Developed by Coulter cell counting in the 50s and the addition of new parameters such as RDW and PDW (Amplitude Distribution erythrocytes and platelets) present the latest generation expertise Analyzers.in Hematology Laboratories is important to establish flowcharts to complete validation automatic results that provide speed and Accura Cy in the number of cells with microscopic Review of Blood smears, that Always Specialist in Hematology Recognize Fine morphological alterations of diagnostic relevance, which are not detected by Analyzers.The purpose of this article it is to provide non specialist, simple and practical Approach the CBC's interpretation, using the basic concepts and highlighting the contribution of the new indices.Automated Hematology Analyzer Introduction Hematogram is one required exam at the lab most frequently. Played properly can drive the demand for additional tests to speed up the diagnosis of various diseases. If the doctor does not have specialist familiar with normal cellular tends blood, will get practical information for their patient assessment. Recent decades have built hematologic autoanalyzers who base their high-precision methods, offering great reliability revision count1,2.The blood smear under the microscope is less and less But it's still essential to detect structural abnormalities autoanalyzers can not detect, review criteria so now most of the laboratories has built-in blood smear in microscope3.The goal of this article is to facilitate the non-specialist reader, BA SICA the interpretation of the parameters provided in the hemogram, refreshing some fundamental concepts and signaling some indexes available with the help of new technologies. HEMOGRAMALAS BLAINLULLES proviced the MER Dula from peripheral circulation to carry out their function.The peripheral blood constitutes the object of CBC, which carries out analysis measurements, in absolute and percentage values and adds the morphological appearance of the three cell populations, leukocytes, erythrocytes and platelets. Most of the alterations that are in the hemogram not correspond to diseases that teng An origin in the nose method, with the consequence of pathological changes of a different nature. Normal values or ranges most relevant publications with reference values for each of the cell populations of hemogram. The reference intervals should be established by each laboratory based on its normal population, considering sex and age. Table 14.5 Erythrocytendites . The erythrocyte indices established by Wintrobe in the 30s indicate with precision, as an average, an average of the erythrocytes, volume, weight and the concentration of hemoglobin6,7.vcm (mean corpuscular volume) Hematocrit X10 / Counting Erythrocytes, is expressed in femtoliters (10 -15 FL) and corresponds to the average amount of each erythrocyte volume. It allows to identify macrocytosis, or microcytosis normocytosis in the sample. VCM is a stable parameter in time (if the laboratory receives a control sample of a patient having a variant which is not explained in the VCM, there is the example of confusion suspicion) .hcm (mean corpuscular hemoglobin), hemoglobin x10 / counting erythrocytes, it is expressed in picograms (10-12 g), representing the average load of each hemoglobin erythrocytes. It allows to identify and Normo HipochromÁ E a.Chcm (Medium corpuscular hemoglobin concentration), X100 hemoglobin / hematocrit, is expressed as a percentage, is the average concentration of hemoglobin divided counts erythrocyte.The cells and hemoglobin can be measured directly with autoanalyzers different methods such as impedance, diffraction of light, laser and others, and its embedded computing systems allow automatically0 erythrocyte indices, the most frequent alteration which is located in interpreting a hemogram is the anemia. The use of erythrocytes indices VCM (amplitude) and CHCM (Chromi), combined with the Reticulocytosis account, allows us to drive the etiological research, classifying anemia as: normocitics-normochromic, microcitics Anemiaso defines the concentration of hemoglobin, which must be inferior, that determined as normal for the age and sex of the patient. The hematocrit is a parameter calculated by the automated equipment in a manner that is not used in the definition of anemia. The erythrocyte count is not correlated with the amount of hemoglobin, because © depends on the size of the erythrocytes. Microcitics anemia with the presence of erythrocytes size lower than normal (VCM decreased), generally associated with hygcronemia (CMI, CHCM decreased). The most frequent cause of anemia in our environment is microcytic hypochromic ferropenia, whose confirmation will be delivered to the patient's medical history and the study of faith (cinctics of faith and ferritin). Figure 1. The presence of a characteristic thalasmic (thalassemia minor) is also usually presented in hemogram as anemia Hipochromic, in this case the VCM generally approximates 60fL and the morphological results in the blood smear observation to the microscope lead the diagnosis: different forms of erythrocytes can be seen in target or target cells and drilled thick basin presence. Reticulocytes are elevated by the embryonous, displaying themselves with a tool like polychromatophilia. The certainty diagnosis of this condition is carried out the electrophoresis of hemoglobin. The Mentzer index (VCM / Eritrocytes count) was previously used as diagnostic orientation differentiates these two conditions. A minor index Mentzer 13 is indicative of thalassemia and if it is superior to 13 indicative of Ferropenia. Currently, this index was partially replaced by a new parameter automatically issued by some last generation hematological counters. Reason% microcytosis% hypochromy, where a report= 0.9% suggests Thalasemia18.19 The presence of microcytic anemia (often hypochroma), can also visible in the greatest advanced stages of so-called chronic inflammatory diseases, in which iron is distributed a nuisance From cytokines themselves of these processes (TNF alpha, interleukin), being moved the mononuclear phagocytic system instead of being used in hemopoiesis. The epidine also plays a significant role in the availability of faith. The clinical image of the patient associated with the iron study (normal TIBC or terminal ferritin) must be oriented to what is usually indicated as chronic diseases9 anemia, 10. Macrochitic macrochezofo of hemoglobin under normal range with The presence of erythrocytes of greater than normal (high VCM). More frequently caused by vitamin B12 or folic acid that are essential for synthesis of DNA and cellular reproduction, which affects erythrocytes, but also to other cellular populations. Myelodisplatic syndromes are usually presented with macrocytic anemia because they generate inefficient erythropoiesis, anemia that is generally accompanied by cytopenics and morphological alterations of other series. Other causes of macrocytic anemia are secondary anemias for chronic hepatopathies, gastroresected patients, drugs with drugs that act on the metabolism of foy and rejuvenating anemias as is the case of hemolitical anemias that have young baby girls (reticulocytes) who have a Major volume of ripe erythrocytes. Normocitics Normo-Edgeochic observes reduction of hemoglobin and emtocitri, without alteration of erythrocyte indices. It can be originated by various causes, some hematologists such as hypoplasia and Aplasia 11, or initial phases of anemia bleeding (before producing ferropenia) and also non-hematological causes such as chronic anemia renal failure from erythropoietin. Chronic inflammatory secondary anemia in its initial stages can also be represented with Normocytosis and Normochromia. Recurrence reticulum measures The production of red blood cells. The reticulocytols correspond to young red blood cells with residual RNA. The RNA has itself for the basic dyes of the Tining May Grunwald Giemsa used for the evaluation of the microscope smell, it is this affinity that gives the reticulocytes the color blue-gray characteristic that is called polychromatophilia. The non-automated reticulocyte count is performed in a bright blue Crestol coloring smear. The crosscitics automatic based on flow cytometry with specific dyes that are connected to RNA, is delivered by autoanalyzers as an absolute count and percentage and has been inserted into many For its low inter-observer variability and to reduce hemogram count time. The increase or decrease of reticulocyte counts, allows to classify regenerative anemia and launch (absolute value of less than 50.000 / mm3) which constitutes another high-use instrument to guide the diagnosis of anemia. It is observed decreased by counting or absence of reticulocytes in Anemias due to medullary insufficiency (aplasia, infiltration) and high reticulocytes associated with secondary anemias with peripheral destruction (hemolysis). (Figure 2) .ERitrocytespoluBulia, PolyciathemiaMentus of the Eritrocytes count on normal value considering a hematological pathology, is relevant to the non-specialist doctor, recognizing some causes of pseudopoliglobulias or related polycreats such as: bloodcentration (severe dehydration, Burns), chronic hypoxemia (Secondary to respiratory diseases, cardiovascular pathology or smoking) and above all the height effect (origin of highlaminal countries, performance in mining tasks, among others). The typical absolute polyglobulia of polycythemia vera, It is accompanied by other changes in the hemogram characteristic of a myeloproliferative syndrome, as leukocytosis and thrombocytosis. For the patient's physical examination it is common to find splenomegaly. These patients require the specialized study Morphologic erythrocytens in microscope blood smear observation are recognized in the morphology of erythrocytes that are not detected by autoanalyzers, some of them are relevant to guide the diagnosis of some pathologies, for example. The presence of schistocytes (fragmented red blood cells) is a sign of microangiopathic hemolytic anemia, the presence of megalocytes with cytoplasmic inclusions (Cabot rings, Howell Jolly bodies) is frequent in megaloblastic anemia, daciocytes (red red blood cells) They are characteristic of myelofibrosis, microspherocytes (small red red blood cells and Thhemphic) are typical of microspherocytic congenital hemolytic anemia. Table 212.Luocytes Contact A population of cells hÁ © IÁ © rogÁ ne, its morphological and functional characteristics allow its difference and is based on these features that the latest generation of self-duty are able to make accounts of some Populations of leukocytes similar to those obtained from the reading of microscope smear. al interpreting a hematite, the non-specialist doctor is more accustomed to the use of the percentages reported for each of the leukocytes populations with respect to the absolute value of them, corresponding to the unit volume (microliter or liters). Considering only the percentages of the different leukocytes can lead to interpretation errors. If we use neutrophils as an example: It is not equal to 50% neutrophils to a total count of 10,000 mm3 leukocytes, such as 50% neutrophils in a total count of 1,000 leukocytes. In the first case the absolute count of neutrophils is normal (5,000) and in the second case there is a situation of critical neutropenia (500) which requires immediate communication and intervention. In the same way, considering the absolute value of the lymphocyte population is possible to differentiate relative lymphocytosis of absolute lymphocytosis. Often we see in the laboratory that a condition of neutropenia is not identified in a timely manner or the request for integrative examinations for the study of lymphocytosis, interpreting absolute lymphocytosis a lymphocytosis that is relative way valid. Other of making the correct interpretation is that of Use the percentage of a certain leukocyte population, with the total leukocyte figure. Ex.: 60% lymphocytes with 20,000 leukocytes Autoanalyzers Last generation have incorporated a new method to differentiate the main leukocytious populations, however the observation of blood smear to the microscope remains essential to evaluate specific morphological aspects of leukocytes that are not detected by automated systems and that are relevant to some diagnosis, such as : Appearance of nuclear chromatin, presence of NuclÁ © s, cytoplasmic inclusions, hemoparettes, exhibitors, etc. Autoanalyzers changes also have limitations to differentiate the peripheral blood presence of Heals own Histological pathology as: explosions, Immata Ceople, Prolēmificts, atypical Linificos, Fleeving CEOPS, CEOPS PLASMATICAL, CEOPS SEKARY and others, which must be reported immediately by the laboratory the medical dealer. Table 3. The morphological description delivered by the laboratory is relevant to the clinic, in particular the description of immature or explosion cells, a condition that requires to be evaluated as soon as possible by the specialist, to exclude acute leukemias. Every hematological laboratory is recommended to establish its own review map criteria based on the patient's population that awaits13 neutrophilia cars in the absolute count of neutrophils (neutrophils> 8000 / mL), is more frequently observed in bacterial infectious processes, can be accompanied by increasing in lower peripheral blood mature phases of leukocytes, such as bacilliform and myelchi, more well known as a deviation on the left, if the figure of leukocytes is greater and immature cells are observed smear is called Leucemoid reaction. Neutrophilia can observe in non-infectious inflammatory frames such as collagietes, under estuaries, for example intense, hypoxia and associated with the use of some drugs such as corticosteroids, adrenaline, among others. NeutrophilÁ -o own hematological disorders such as chronic myeloproliferative syndromes is accompanied by alterations in the count of other cellular series and morphological characteristics. The absolute neutrophil substance (RAN 4000 / mL). More frequently, it is produced by chocusses viral infections: Increased of the absolute count of monocytes, monocytes (> 1000 / mL). It is characteristic in the recovery period of neutropenia and convalescence of infectious paintings. The automation of the hematological counts has allowed to incorporate the platelet counts in a usable way the Hemogram report. The small volume of platelets and their aggregation capacity and adhesion represent a limitation limitation, so that the frequent way used to inform the platelet count was on a direct smear appreciation, which required excellence in extension and tining technique fuel and A great experience of the observer. With the improvement of systems Counting, which include impedance and laser optical reading (including some teams the possibility to add immunological method to recognize marker CD61), rapid and reliable platelet counts are obtained. The platelets developed seedlings are increasingly used for specialists.Trombocytopeans The decrease in platelet count below the normal reference range established by the laboratory (plate count 400 x 109 / L), you can observe in several diseases such as : chronic inflammatory paintings, recovery of infectious processes, acute bleeding, Fierro, splenectomy mail, among other gradual raising and supported in the platelet count is associated with chronic myeloproliferative syndromes . chronic myeloid leukemia, polycythemia vera, myelofibrosis and especially thrombocytosis essential latest generation hematologia laboratory have developed indexes that hematologia laboratory integrated into its routine Although most laboratories do not include them n The final report of the blood count, knowing they can be useful for a better interpretation of the result15,16.rdw (Red Blood cell distribution Width), is expressed as a percentage, is the coefficient of variation of the erythrocyte size, amplitude distribution of erythrocytes (ADE), which is a reflection of anisocytosis or a difference in size of red blood cells. Figure 3. In the normal blood count there is always a certain anisocytosis, younger red blood cells have a volume greater than the more mature red blood cells, as is RDW allows you to graphically observe when coexist in un'Essa shows two populations erythrocytes of different sizes (eg in the case of a patient with anemia who received microchetic hypochromic recent transfusion, or if the patient with hemolytic anemia with the presence of high microspherocytes and reticulocytes). So, changes can also be seen in RDW in the evolutionary context of anemia in treatment.pdw: is the equivalent of the RDW for platelets (platelet ADP amplitude distribution). Figure 4.VPM: Platelif. analyze together (PDW). The youngest platelets are top-sized adult platelets on the other hand, a normal PDW with low VPM would be the associated Midskin Production Model as it is the case of midden or mylosupresia^n17.rezon infiltration .% microcytosis /% hypochromy : Report delivered by some definitive autoanalyzers generation, by means of direct volume measurement and the hemoglobin concentration of erythrocytes is measured by the percentage of erythrocytes and hyperchromes offering a reason or micro-political ratio and erythrocyte macrocytes, and hypocrous. If the report is higher than 0.9%, towards the diagnosis of thalassemia and less than 0.9%, is directed towards Ferropenia18.19.CHR or RET-HE: reticulobin hemoglobin content, reflects synthesis of the hemoglobin of fundamental precursors, related to the percentage of erythrocyte hipochromos and has demonstrated the utility in Fierro follow-up, can be used for the early diagnosis of Ferropenia. Thanks to its high if NSIBILITY To detect the iron requirement, it was used in patients in Hemodialis, to control treatment with Erythropoetine fir: immature fraction of reticulocytes. It is the sum of the high and medium RNA fractions. Clinically it is useful as an early and sensitive index of erythropoic activity. A low number of reticulocytes with a high FFR suggests Medular Recovery20,21.Other conditions that affect the hematological counts, the interpretation of the results included in the emogram, the clinic must take into consideration some conditions of their patient who can influence cell counts. These conditions are not usually informed of the laboratory: diluted sample: blood sample obtained directly from venous and / or on the site near serum infusion. Hemodilucion concerns all the counts, decreasing hematocrit, leukocytes and platelets, maintaining morphological characteristics, erythrocyte indices and the Differential formula Hablobe (permanence) in severe smoking height: . increased the count of erythrocytes. Secondary polyglobulia Intense agency:. It can be a cause of leukocytosis and neutrophilia of the drug: Often the patient forgets about drugs for permanent use (usually associated with chronic pathologies) in information provided in the alter laboratory the cell counts, if. This effect is not known to the doctor who requests the exam, an expected result for the patient's condition, can be confused and inducing additional exams. In the laboratory, the results are obtained every day external reference range due to drugs, for example, it is worth remembering the effect of: -Corticosteroids: increased leukocytes (neutrophilia) and the absence of eosinophilos.-lithium: leukocytosis (neutrophilÁ -o) . Anti-inflammatory steroids: Leucopenia, neutropenia. Endo-Valproico: Thrombocytopenia.-Immunosuppressori (Azathioprina, Methotrexate): Macrocytic Anemia, Panticitopenia.-IsoterenititÁÁ f Na: Panticitopenia Treatments.-Chemotherapy: Chemotherapy is a priority usually referred to the laboratory by the doctor or patient. However, the use of stimulating factors of the nose partner associated with chemotherapy, which causes intense leukocytosis and Leucemoid reactions, is not informed of the laboratory, generating alarms revision, reprocessing the sample and the request for a new sample. Erritrossedimentation Velocity (VHS) is the time required to decant erythrocytes in a blood column of a given volume. Technique published by Westergreen in 1926, The length of the anticoagulated blood column with citrate, which is free of erythrocytes after an hour to remain in vertical position.The VHS depends: from the potential Z (negative electrostatic potential of the Eritrocyte membrane that leads to erythrocytes to be rejected between SA), of the Eritrocyte counts, the viscosity of the plasma, plasma proteins, fibrinogen, among others. Acute inflammation phase proteins modify the potential Z of erythrocytes increase time VHS.Altimate has been discussed the utility of this exam due to its low specificity, since it can be influenced by a large number of conditions, too Physiological as age, sex and pregnancy. Moderate increase VHS is associated with infectious diseases, anemia, inflammatory pictures, neoplasms, ect. However, when VHS is raised by over 100mm / h, it acquires high specifications and is useful in diagnosis and follow-up of diseases such as: multiple mallomas, Waldestrom disease, metastatic cancer, collagenopathies (Polymlalgia rheumatic and temporary arthris) and Lymphomas.well be a simple and low cost technique, HSV has maintained its validity, consider a practical clinic tool, as a broad spectrum indicator Disease, it is more to remember that to ensure clinical utility of the emogram, clinical laboratories must guarantee analytical quality of results, while Medos must put their commitment to the best possible interpretation in the light of the clinical context of each patient L 'Author declares to have no conflicts of interest, in relation to this article. Item

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