

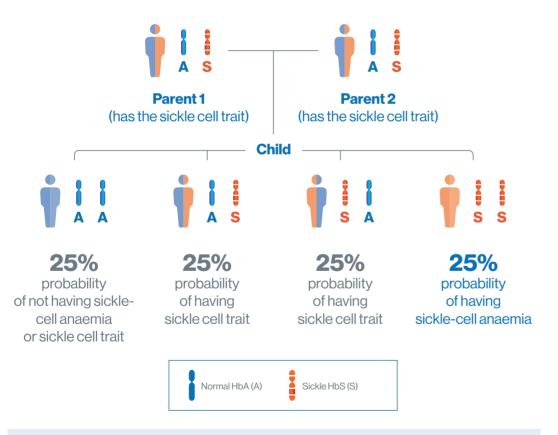
What is sickle-cell anaemia?

Sickle-cell anaemia, also known as drepanocytosis, is a **hereditary disease**, caused by the presence, inside the red blood cells, of a different form **of haemoglobin**, a protein that carries **oxygen** from the lungs to all the tissues of the body. (1)

The presence of sickle haemoglobin (HbS) is due to an alteration in the Hb gene, which results in the characteristic sickle shape of the red blood cells and can be inherited from parents. (2)

To be born with sickle-cell anaemia, a **child must inherit** a copy of the mutated gene from **both parents**. This can happen even if both parents are "**healthy carriers**", in other words, they do not suffer from sickle-cell anaemia but have a copy of the mutated gene (a condition known as "**sickle cell trait**"). (3)

What can happen if both parents are healthy carriers of the sickle cell trait:



If one parent is a healthy carrier and the other is not (i.e. does not have either sickle-cell anaemia or sickle cell trait), it is impossible that any children will be born with the disease. (1)

The different types of sickle-cell anaemia

There are different alterations of the Hb gene that when combined with the HbS gene cause different types of sickle cell anaemia: (4)

- HbSS
- HbSC
- Hb S β-thalassaemia
- HbSD, HbSE, HbS0









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Sickle red blood cells



Normal red blood cell

Normal red blood cells are shaped like disks, they are **flexible** and **they slide easily** even through the smallest blood vessels. (1)



Sickle red blood cell

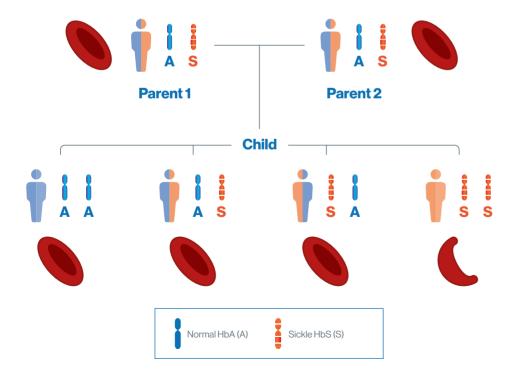
Sickle red blood cells have an **unusual**, **sickle-like** or **crescent** shape, and they are sticky and stiff. (1)



Haemolysis and anaemia

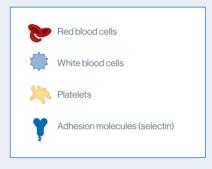
Sickle red blood cells break up faster than healthy ones (a process known as "**haemolysis**"), resulting in chronic **anaemia** (which can make a person feel weak and tired). (1)

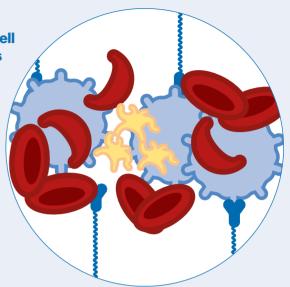
The **defective** HbS gene makes the red blood cells **stiff**, **sickle-shaped** and unable to slide properly in the blood. (1)



Vaso-occlusive crises (VOCS): the distinguishing sign of sickle-cell anaemia (5)

In addition to the red blood cells, **sickle-cell anaemia** also involves the **blood vessels** and other blood cells, such as the **white blood cells** and **platelets**. (5)

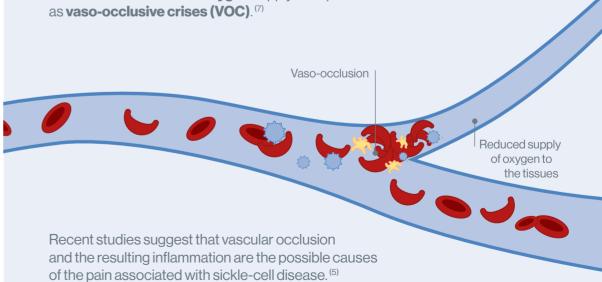




Formation of cell aggregates

Due to the effect of adhesion molecules (**selectin**), which are particularly **plentiful** and **active** in subjects with the disease, the blood cells tend to **clump together** and **adhere** to the vessel walls. (6)

This results in the **occlusion of the blood vessels** causing **tissue damage** due to lack of or reduced **oxygen** supply. This process underlies what are known as **vaso-occlusive crises (VOC)**. (7)



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What vaso-occlusive crises (VOCs) look like

Vaso-occlusive crises (VOCs) are recurrent, unpredictable episodic events associated with acute pain. (8)

They occur with varying **frequency** and **intensity** in the different parts of the body. (5)



VOCs can last up to 10 days. (9)



VOCs are the main reason for hospitalisation and for **emergency department** admission among patients with sickle-cell anaemia. (10)



Crises managed at home can also be VOCs. As a matter of fact, a study has shown that about 25% of VOCs are managed at home. (11)

VOCs can occur in any part of the body, for example:



Hands and feet (especially in children) (5)



Chest (ribs and sternum) (5)



Musculoskeletal sites (12)



It is important to monitor and tell your doctor about all pain crises.

What are the main symptoms of sickle-cell anaemia?



Pain (5)



Fatique (13)



Joint disorders (13)



Headache (13)



Stress (1)



Dyspnoea⁽¹⁴⁾



Anxiety and depression (15)



Insomnia (14)



Jaundice (yellow eyes and skin) (1)



Dactylitis (painful swelling of the hands and feet) (5)

Sickle-cell anaemia is a complex condition that can affect all organs and tissues of the body. (16)

The disorders caused by sickle cell anaemia can be managed and prevented with pharmacological therapies and actions that improve quality of life. (1)

Even simple actions can make a big difference

Treatment



Follow a treatment programme at a specialised centre. (17)



Attend regular check-ups with your specialist. (17)



Be sure to follow the treatment plan prescribed by your doctor.

Personal care



Do relaxation and breathing exercises to reduce stress. (1)

Health



AN adequate **fluid intake** (at least 2 L/day, but not more than 4 L/day) is recommended, especially in the summer. (12)



Avoid exposure to **extreme temperatures** (e.g. hot-cold, bathing in cold water, air-conditioned environments). (12)



Have the **preventive vaccinations** included in the vaccination plan for patients with sickle-cell anaemia. (12)



Before starting a pregnancy it is advisable to have **genetic counselling**, and if you are already pregnant, counselling should be arranged as soon as possible. (12)

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Monitoring



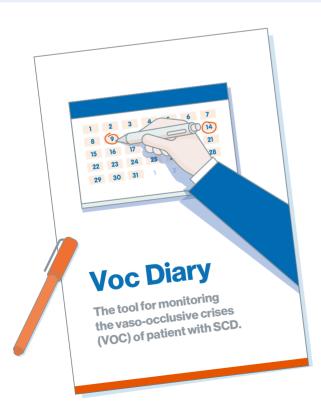
Remember to **keep track** and **tell your** doctor about all **pain episodes**, even those managed on your own at home.



In the case of an emergency, tell **Emergency** Department **staff** about your condition and remember to always take all **useful documentation** with you.



Never **underestimate** even the mildest of symptoms.



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