





Table 10.1 Types of A	nemia	
Direct cause	Resulting from	Leading to
Decrease in RBC number	Sudden hemorrhage	Hemorrhagic anemia
	Lysis of RBCs as a result of bacterial infections	Hemolytic (he"mo-lit'ik) anemia
	Lack of vitamin B ₁₂ (usually due to lack of intrinsic factor required for absorption of the vitamin; intrinsic factor is formed by stomach mucosa cells)	Pernicious (per-nish'us) anemia
	Depression/destruction of bone marrow by cancer, radiation, or certain medications	Aplastic anemia
Inadequate hemoglobin content in RBCs	Lack of iron in diet or slow/prolonged bleeding (such as heavy menstrual flow or bleeding ulcer), which depletes iron reserves needed to make hemoglobin; RBCs are small and pale because they lack hemoglobin	Iron-deficiency anemia
Abnormal hemoglobin in RBCs	Genetic defect leads to abnormal hemoglobin, which becomes sharp and sickle-shaped under conditions of increased oxygen use by body; occurs mainly in people of African descent	Sickle cell anemia

Cell type	Occurrence in blood (cells per mm ³)	Cell anatomy*	Function
Erythrocytes (red blood cells)	4–6 million	Salmon-colored biconcave disks; anucleate; literally, sacs of hemoglobin; most organelles have been ejected	Transport oxygen bound to hemoglobin molecules; also transport small amount of carbon dioxide

Table 10.2 Cha	aracteristics of F	ormed Elements of the Blood	(continued)
Cell type	Occurrence in blood (cells per mm ³)	Cell anatomy*	Function
<i>Leukocytes</i> (white blood cells)	4,800–10,800		
Granulocytes • Neutrophils	3,000–7,000 (40–70% of WBCs)	Cytoplasm stains pale pink and contains fine granules, which are difficult to see; deep purple nucleus consists of three to seven lobes connected by thin strands of nucleoplasm	Active phagocytes; number increases rapidly during short-term or acute infections
• Eosinophils	100–400 (1–4% of WBCs)	Red coarse cytoplasmic granules; figure-8 or bilobed nucleus stains blue-red	Kill parasitic worms by deluging them with digestive enzymes; play a complex role in allergy attacks
Basophils	20–50 (0–1% of WBCs)	Cytoplasm has a few large blue- purple granules; U- or S-shaped nucleus with constrictions, stains dark blue	Release histamine (vasodilator chemical) at sites of inflammation; contain heparin, an anticoagulant

Cell type	Occurrence in blood (cells per mm ³)	Cell anatomy*	Function
Agranulocytes • Lymphocytes	1,500–3,000 (20–45% of WBCs)	Cytoplasm pale blue and appears as thin rim around nucleus; spherical (or slightly indented) dark purple-blue nucleus	Part of immune system; B lymphocytes produce antibodies; T lymphocytes are involved in graft rejection and in fighting tumors and viruses via direct cell attack
Monocytes	100–700 (4–8% of WBCs)	Abundant gray-blue cytoplasm; dark blue-purple nucleus often U- or kidney-shaped	Active phagocytes that become macrophages in the tissues; long-term "cleanup team"; increase in number during chronic infections; activate lymphocytes during immune response
Platelets	150,000–400,000	Essentially irregularly shaped cell fragments; stain deep purple	Needed for normal blood clotting; initiate clotting cascade by clinging to torn area













Table	IU.3 ABU BIC	ooa aroups			Freque	ncy (%	of U.S.	population
Blood group	RBC antigens (agglutinogens)	Illustration	Plasma antibodies (agglutinins)	Blood that can be received	White	Black	Asian	Native American
АВ	А, В	А	None	A, B, AB, O "Universal recipient"	4	4	5	<1
В	В	Anti-A	Anti-A (a)	В, О	11	20	27	4

Blood	RBC antigens		Plasma antibodies	Blood that can be				Native
group	(agglutinogens)	Illustration	(agglutinins)	received	White	Black	Asian	American
A	A	Anti-B	Anti-B (b)	Α, Ο	40	27	28	16
0	None	Anti-B Anti-A	Anti-A (a) Anti-B (b)	O "Universal donor"	45	49	40	79

