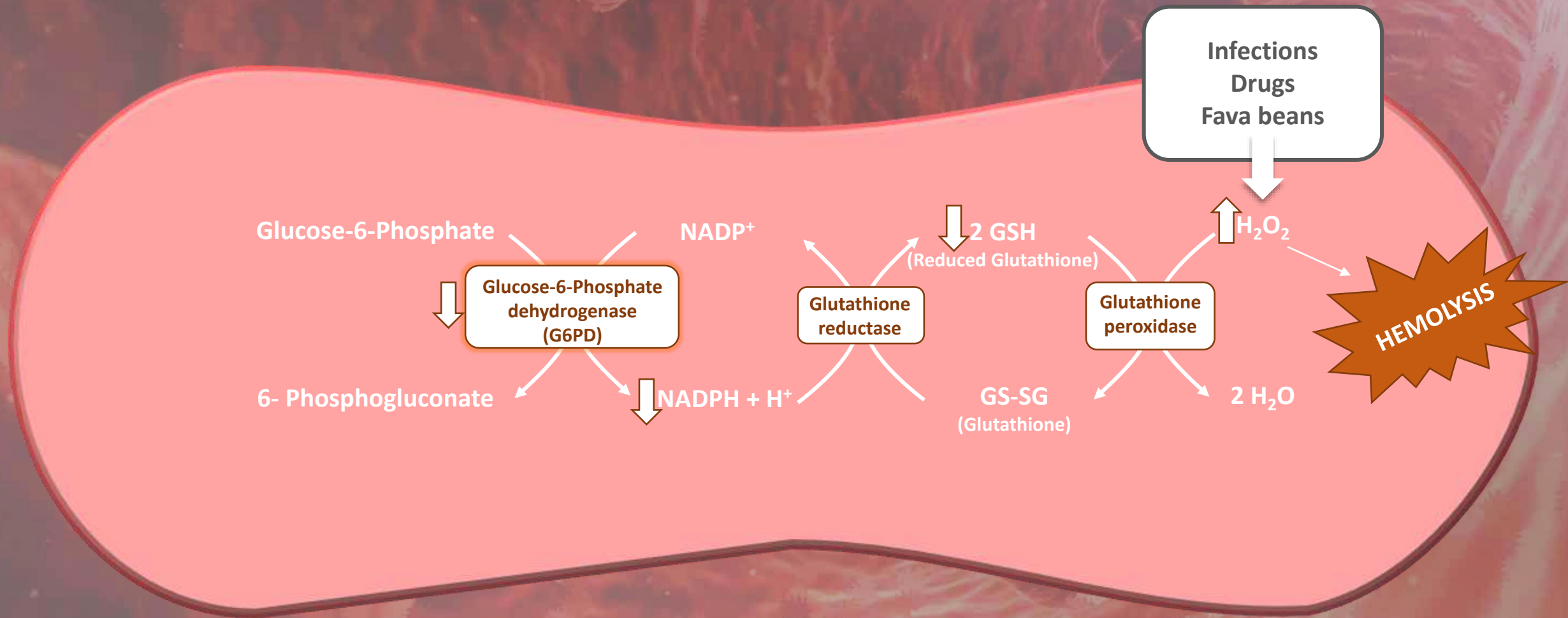
A detailed 3D rendering of a blood vessel filled with red blood cells. The cells are depicted as biconcave discs, with some showing internal structural details. The vessel walls are visible as a textured, reddish-pink surface. The overall color palette is dominated by various shades of red, creating a realistic biological environment.

Glucose-6-Phosphate Dehydrogenase (G6PD) Deficiency



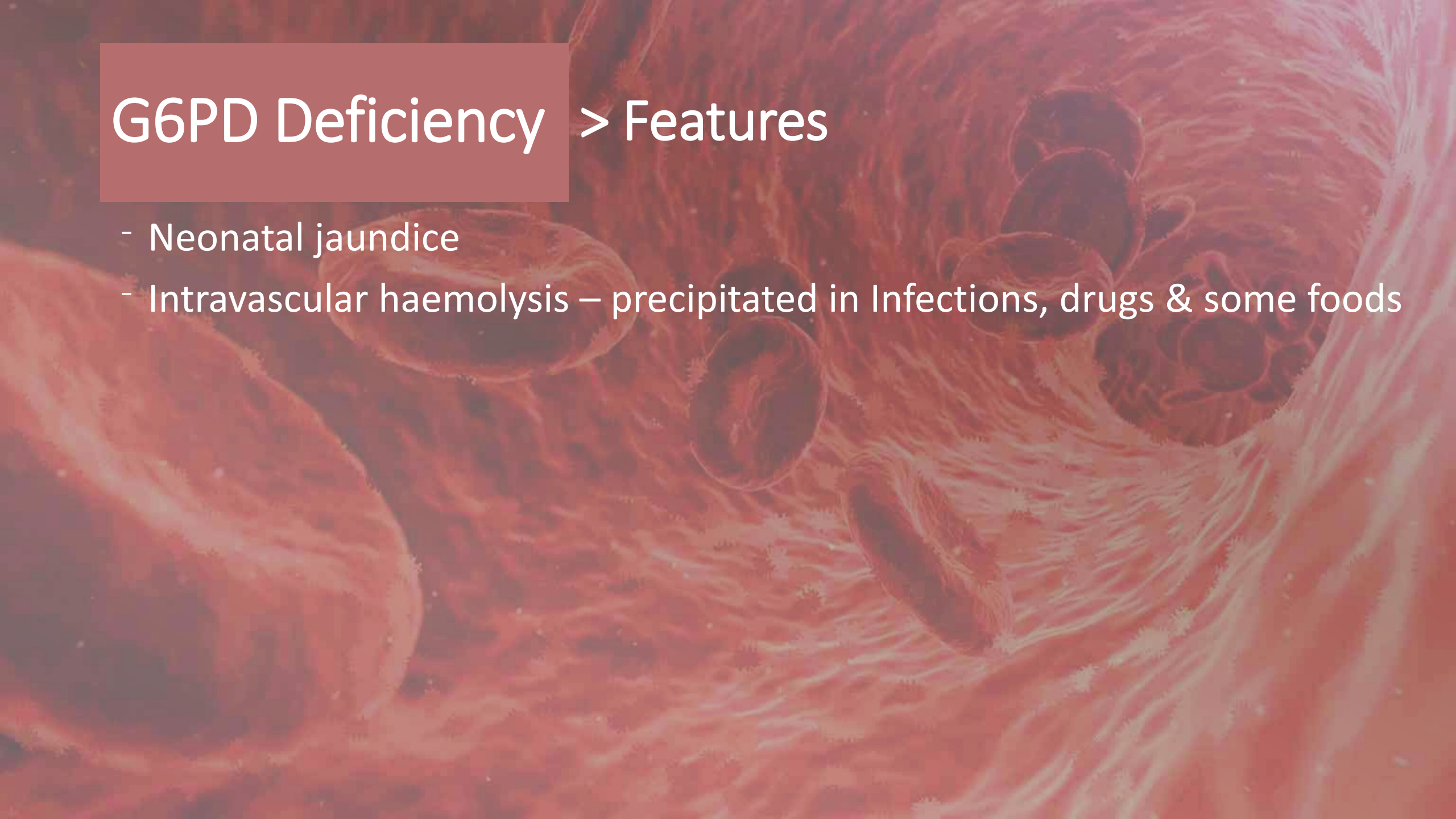
G6PD Deficiency

A microscopic view of red blood cells, showing their characteristic biconcave disc shape. The cells are densely packed and appear in various shades of red and pink, with some showing internal structures like the nucleus and cytoplasm. The background is a soft, out-of-focus red.

- The commonest red blood cell enzyme defect
- Common in Mediterranean and Africa
- X-linked recessive inheritance, therefore common in males

G6PD Deficiency > Features

- Neonatal jaundice
- Intravascular haemolysis – precipitated in Infections, drugs & some foods



G6PD Deficiency

Drugs causing Hemolysis

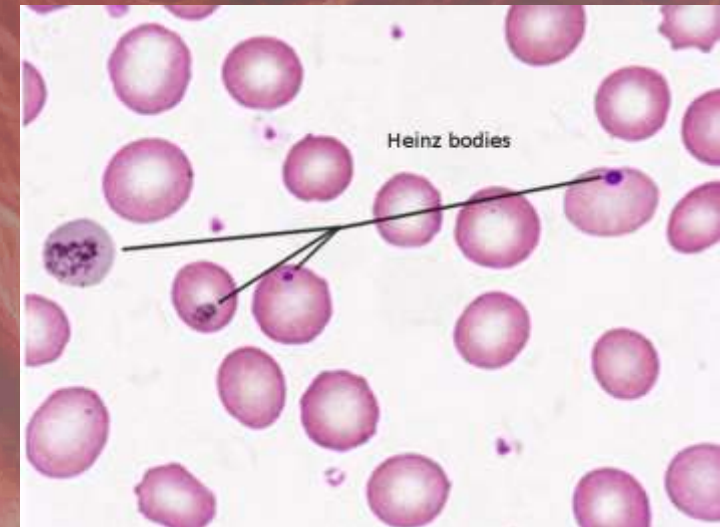
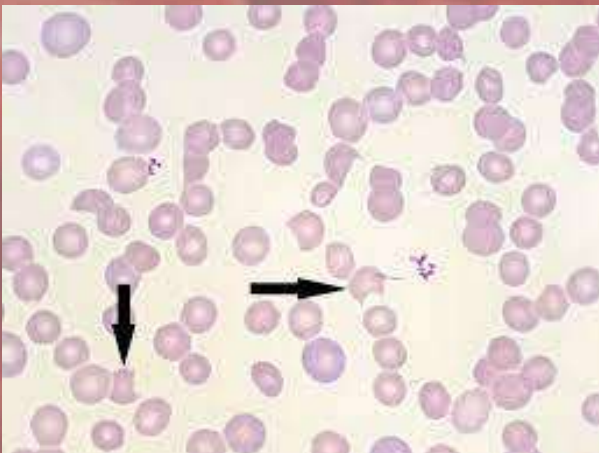
- i. **Anti-malarials:** Primaquine, Chloroquine, Quinine, Pyrimethamine
- ii. **Analgesics:** Aspirin, Phenacetin
- iii. **Antibiotics:** Ciprofloxacin, Sulphonamides, Nitrofurantoin
- iv. **Miscellaneous** - Dapsone, Quinidine, Probenecid, Vitamin-K, Other sulpha group drugs like Sulphasalazine & Sulfonylureas

Safe Antibiotics

- i. Penicillins
- ii. Cephalosporins
- iii. Macrolides
- iv. Tetracyclines
- v. Trimethoprim

G6PD Deficiency > Features

- Neonatal jaundice
- Intravascular haemolysis – precipitated in Infections, drugs & some foods
- Pigment gallstones are common
- Splenomegaly
- Heinz bodies (precipitated denatured Hemoglobin)
- Bite and blister cells may also be seen



G6PD Deficiency > Diagnosis

- **Enzyme Levels Assay** - should be checked 3 months after an acute episode of hemolysis

During acute episode, RBCs with the most severely reduced G6PD activity will have hemolyzed & reticulocytes have higher enzyme levels



False negative, normal G6PD levels

G6PD Deficiency > Management

- Stop precipitant drugs or foods
- Treat underlying infection
- Blood transfusion - in severe cases



Last Second Medicine

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