

CLL, chronic lymphocytic leukemia; CMV, cytomegalovirus; EBV, Epstein-Barr virus; HCV, hepatitis C virus; HIV, human immunodeficiency virus; HSCT, hematopoietic stem cell transplantation; IBD, inflammatory bowel disease; SLE, systemic lupus erythematosus; RA: rheumatoid arthritis.

In AIHA the autoantibody reacts best at 37°C and it is usually Rhesus-specific (sometimes specifically anti-e). The main mechanism of hemolysis in AIHA is that the Fc portion of the IgG antibody bound to red cells is recognized by the Fc receptor of macrophages: this will trigger erythrophagocytosis wherever macrophages are abundant, i.e., in the liver, in the bone marrow, but especially in red pulp of the spleen (see [Fig. 100-9](#)) that, also because of its special anatomy, is often the predominant site of red cell destruction.

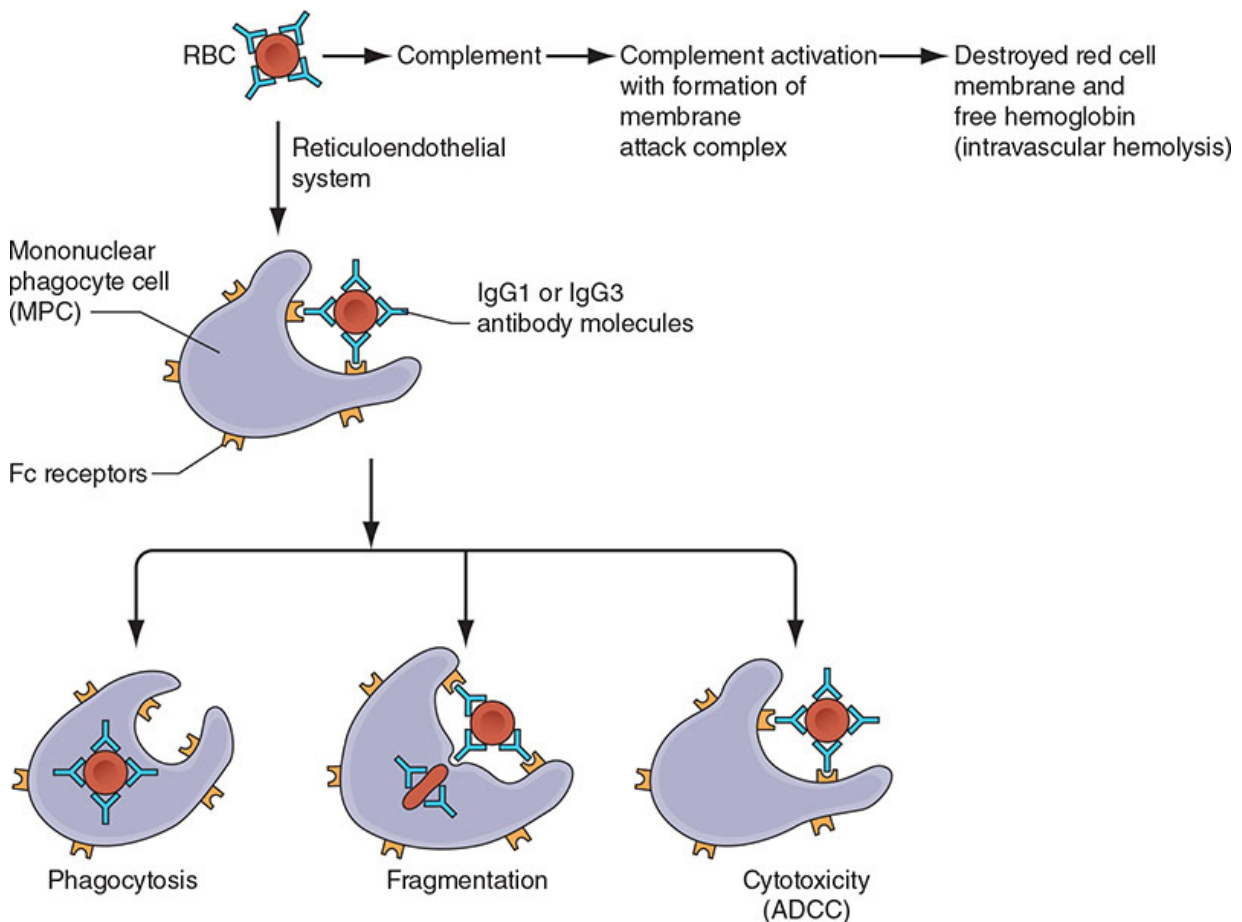


FIGURE 100-9 Mechanism of antibody-mediated immune destruction of red blood cells (RBCs). The three bottom images illustrate three different modalities of extravascular hemolysis. ADCC, antibody-dependent cell-mediated cytotoxicity.