

Autoimmune hemolytic anemia (AIHA) with **giant cell hepatitis (GCH)** is an uncommon disease in children and is associated with an aggressive and often fatal course. The authors describe a 4-month-old girl who presented with AIHA and elevated A liver biopsy was consistent with GCH.

Author: Mark Gorelik, Robert Debski, Haydar Frangoul

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Autoimmune hemolytic anemia

Autoimmune hemolytic anemia occurs when antibodies directed against the person's own red blood cells cause them to burst, leading to an insufficient number of oxygen-carrying red blood cells in the circulation. The lifetime of the RBCs is reduced from the normal 100–120 days to just a few days in serious cases. The intracellular components of the RBCs are released into the circulating blood and into tissues, leading to some of the characteristic symptoms of this condition. The antibodies are usually directed against high-incidence antigens, therefore they also commonly act on allogenic RBCs. AIHA is a relatively rare condition, affecting one to three people per 100,000 per year. Autoimmune hemolysis might be a precursor of later onset systemic lupus erythematosus.

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Dimitri Poddighe, Aidana Madiyeva, Diana Talipova, Balzhan Umirbekova

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Giant cell hepatitis (GCH) with autoimmune hemolytic anemia (AIHA) is a rare, progressive disorder in **infants** and young children, which often proves fatal. A child experiencing GCH with AIHA usually develops jaundice and **hepatitis** at approximately 1 year of age along with AIHA and a positive direct Coombs test.

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Giant hepatitis associated with autoimmune hemolytic anemia (GCH-AHA) is a rare disease characterized by autoimmune hemolysis associated with acute liver injury histologically defined by widespread giant cell transformation (1, 2). It is a **severe and progressive disease** exclusively affecting infants and young children.

Author: Silvia Nastasio, Lorenza Matarazzo, ... Publish Year: 2021

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