

Appendix 5 – Benign haemoglobin disorders

Genotype	Anaemia	Other clinical features	Comments
<p>Haemoglobin C Disease</p> <p>C/β⁺-Thalassaemia</p> <p>C/β⁰-Thalassaemia</p> <p>or Hb CC</p>	Mild haemolytic anaemia	<p>Occasional intermittent abdominal pain</p> <p>Gallstones</p> <p>Fatigue</p> <p>Occasional jaundice</p> <p>Usually a mild condition</p> <p>Genetic counselling is essential during pregnancy for parents 'at risk' of having a child with this condition but prenatal diagnosis is not indicated.</p>	<p>Register with haematology/ specialist clinic decision regarding regularity of follow-up is made locally</p> <p>No regular treatment necessary, only required in relation to symptoms</p> <p>Genetic counselling and partner testing for individuals with this condition is important as they do not have any normal Hb A genes.</p>
<p>Haemoglobin D^{Punjab} Disease</p> <p>Hb D^{Punjab}/D^{Punjab}</p> <p>D^{Punjab}/β⁰-Thalassaemia</p> <p>D^{Punjab}/β⁺-Thalassaemia</p>	<p>Microcytosis</p> <p>Hypochromia</p> <p>Hb at lower end of normal</p>	<p>Occasional abdominal pain</p> <p>Symptoms related to haemolytic anaemia</p> <p>Gallstones</p> <p>Fatigue</p> <p>Occasional jaundice</p> <p>Iron medication not required unless iron deficient</p> <p>Genetic counselling is essential during pregnancy for parents 'at risk' of having a child with this condition but prenatal diagnosis is not indicated.</p>	<p>Register with haematology/ specialist clinic decision regarding regularity of follow-up is made locally</p> <p>No regular treatment necessary, only required in relation to symptoms</p> <p>Genetic counselling and partner testing for individuals with this condition is important as they do not have any normal Hb A genes</p>
<p>Haemoglobin E Disease (Hb EE)</p> <p>(Hb E/β-Thalassaemia may be clinically significant, please see information on thalassaemia disorders for further information)</p>	<p>Mild haemolytic anaemia</p> <p>Hypochromic</p>	<p>Very mild condition</p> <p>Genetic counselling is essential during pregnancy for parents 'at risk' of having a child with this condition but prenatal diagnosis is not indicated.</p> <p>Hb EE and Hb E/β⁰-Thalassaemia will look similar on the initial screening test and further investigations will be needed for the conditions to be differentiated.</p>	<p>Register with haematology/ specialist clinic decision regarding regularity of follow-up is made locally</p> <p>No regular treatment necessary, only required in relation to symptoms</p> <p>Common in South East Asian populations.</p>

Genotype	Anaemia	Other clinical features	Comments
			Genetic counselling and partner testing for individuals with this condition is important as they do not have any normal Hb A genes.

References

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