# Positive Result:

**Blood Spot Screen Result Notification** 

Minnesota Newborn Screening Program



# Hemoglobin S and C no A (hemoglobin SC disease)

## **Next Steps**

This week you should take the following recommended actions:

- Consult with pediatric hematologist. Contact information for the pediatric hematologists can be found on the newborn screening report and on the resource list provided.
- **Contact** family to notify them of the newborn screening result and assess symptoms. It is unlikely infant will be symptomatic.
- Evaluate infant (splenomegaly); arrange emergency treatment if symptomatic.
- Arrange referral to pediatric hematologist for further diagnostic work-up. A sickle screen (e.g., sickledex or hemoglobin S solubility test) is NOT appropriate for diagnostic purposes.

If you have questions about the newborn screening result or your next steps, an on-call Newborn Screening Program genetic counselor is available at (651) 201-3548.

# Review with Family

Discuss this result with the family as MDH has **not** notified them. Share your follow-up plan with them. Educate family about signs, symptoms, and when urgent treatment may be needed.

#### **False Positives**

Unlikely since the methodologies used in newborn screening are very accurate and specific.

### **Differential Diagnosis**

FSC (no A) is primarily associated with:

 Hemoglobin SC disease - More common in West African and African American populations

## **Clinical Summary**

Hemoglobin SC disease is a disorder of the hemoglobin. Specific mutations in the hemoglobin causes it to become sickle-shaped. As a result of this alteration, red blood cells are less functional causing anemia and other vaso-occlusive complications. Hemoglobin SC disease is considered to be less severe than sickle cell disease.

An affected neonate is likely to appear healthy, but has a risk for sepsis and pneumonia. Individuals with hemoglobin SC disease are at risk for the following:

- Hemolytic anemia
- Infection
- Pain episodes
- Splenic sequestration
- Vaso-occlusive complications

Treatment can include hydroxurea, immunizations, pain management, and occasionally blood transfusions.

