

# HEFT Pathology Guideline

## GP Investigation and Referral Pathways for leucocyte, platelet disturbances and polycythaemia

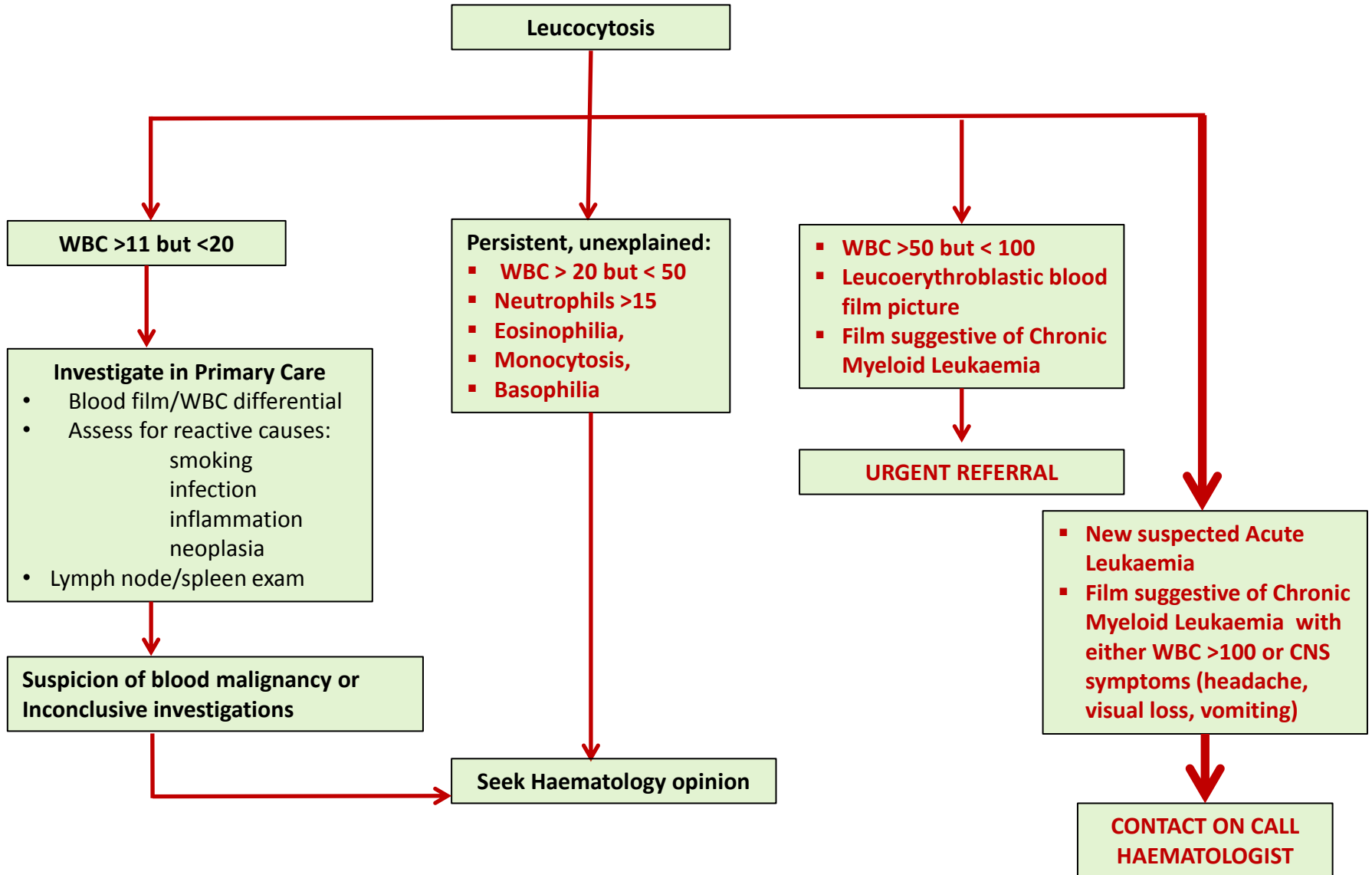
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1. Leucocytosis
2. Lymphocytosis in Adults
3. Neutropenia
4. Polycythaemia
5. Thrombocytosis
6. Thrombocytopenia

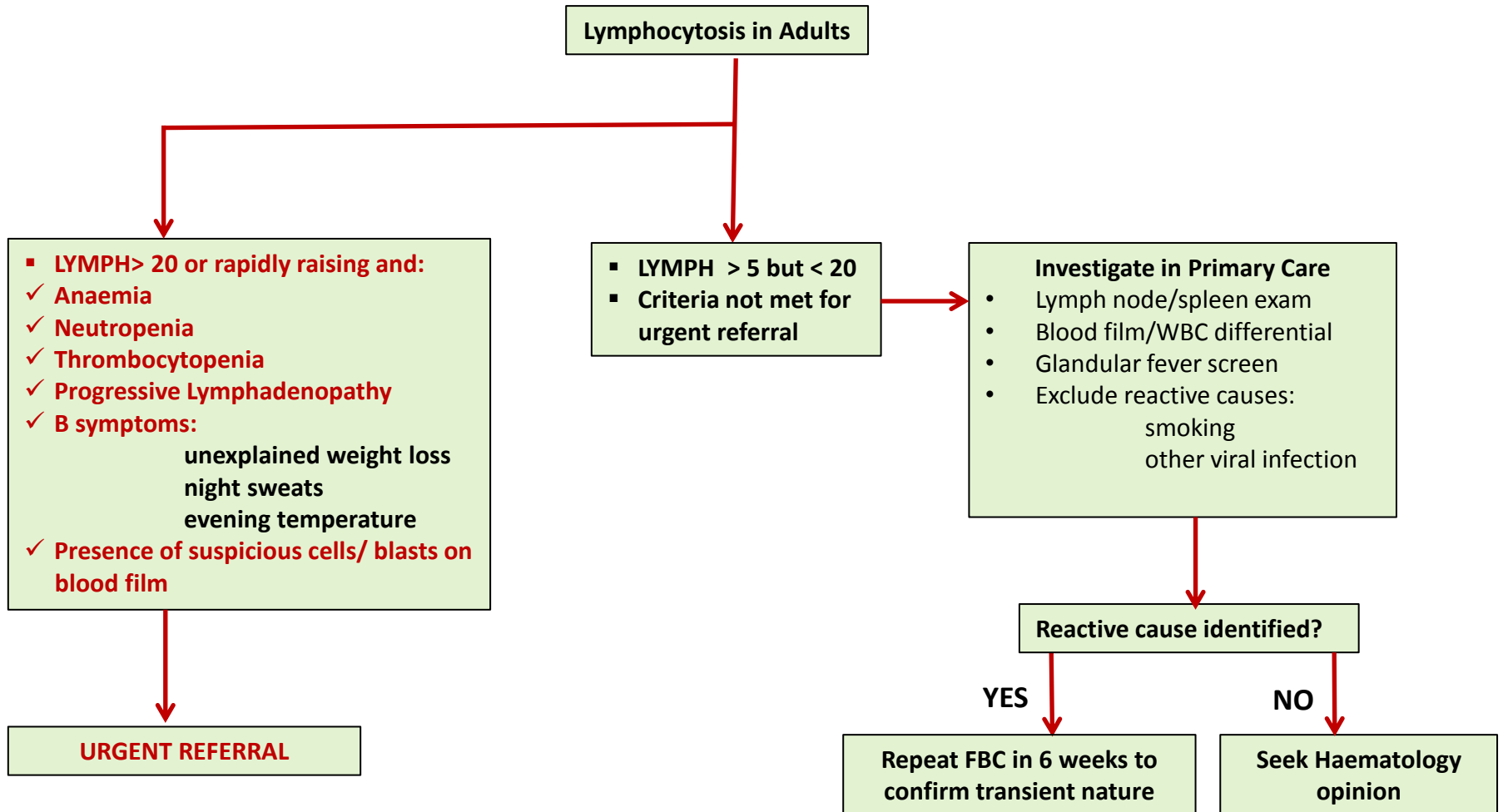
# Sheet 1. Leucocytosis

Leukocytosis is defined as a **total WBC count greater than 11** x 10<sup>9</sup>/l in adults. No clinical action is required for a WBC greater than 8.4 but less than 11.0



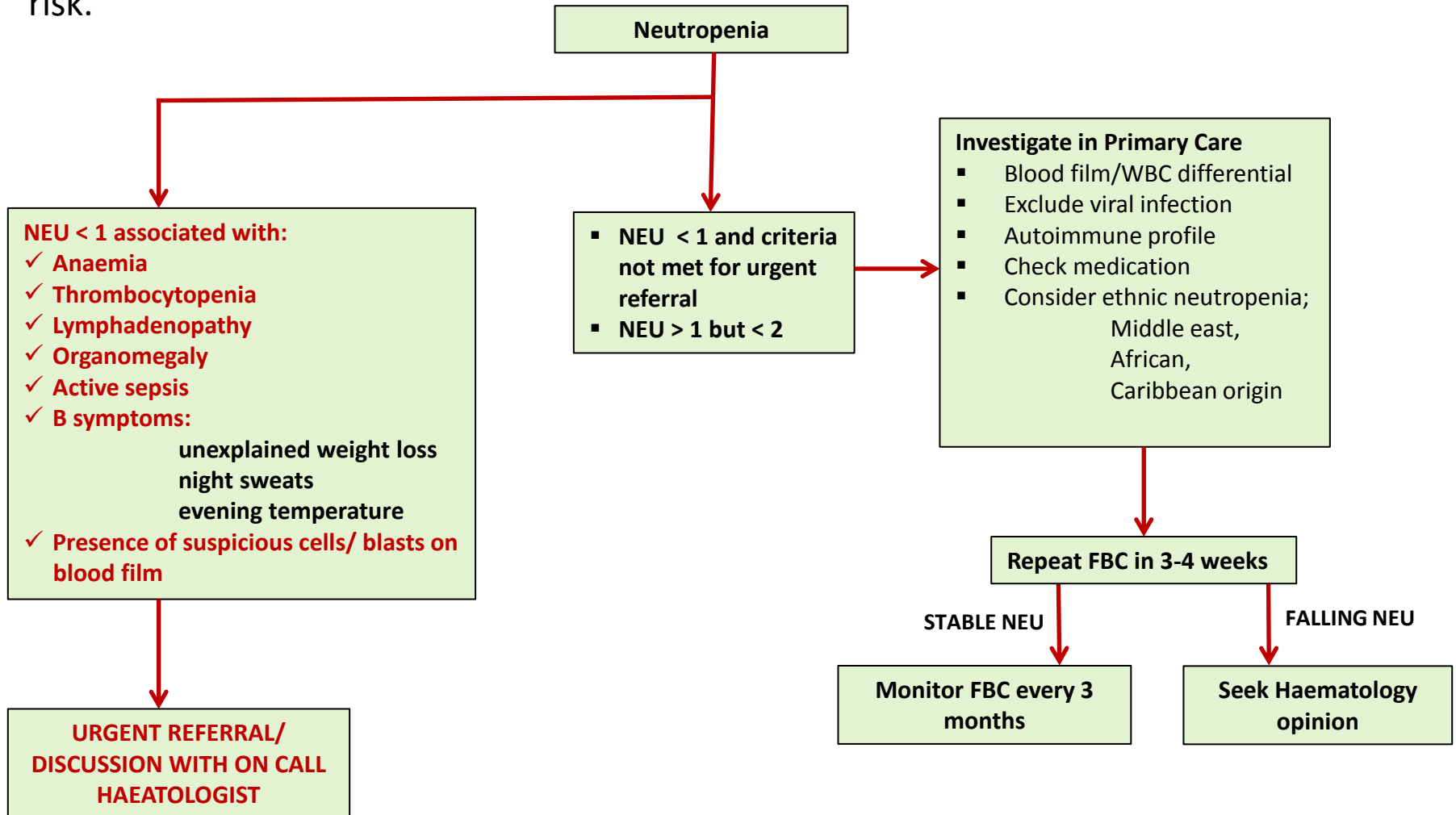
## Sheet 2. Lymphocytosis

Lymphocytosis is defined as **a total LYMPH count greater than  $4 \times 10^9/l$**  in adults.



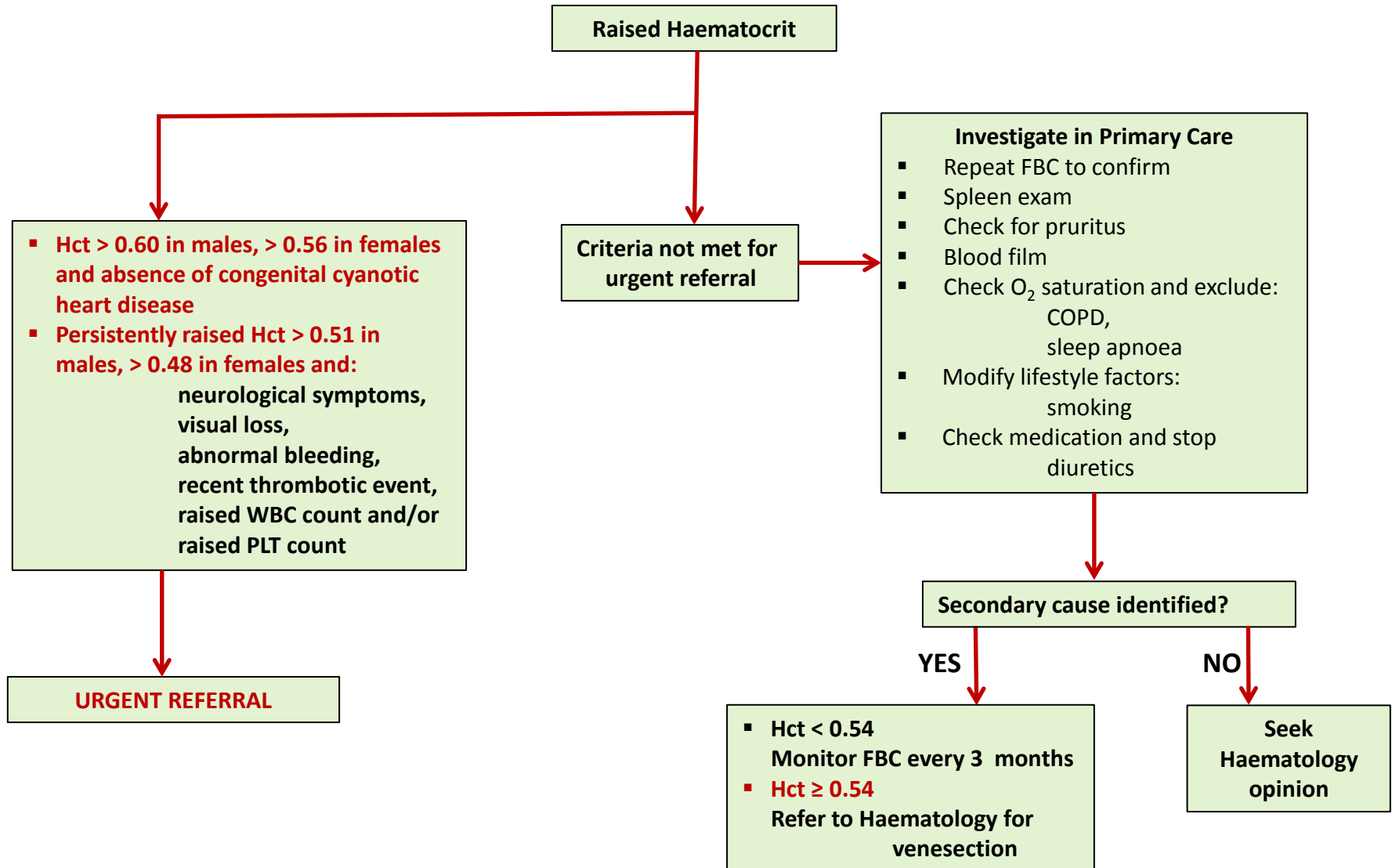
## Sheet 3. Neutropenia

Neutropenia is defined as a total NEU count less than  $2 \times 10^9/l$  in adults. Complications are associated to the depth of neutropenia. **Only patients with a NEU count  $< 1 \times 10^9/l$  need review by Haematology**; a NEU count  $< 0.5$  is associated with a major infection risk.



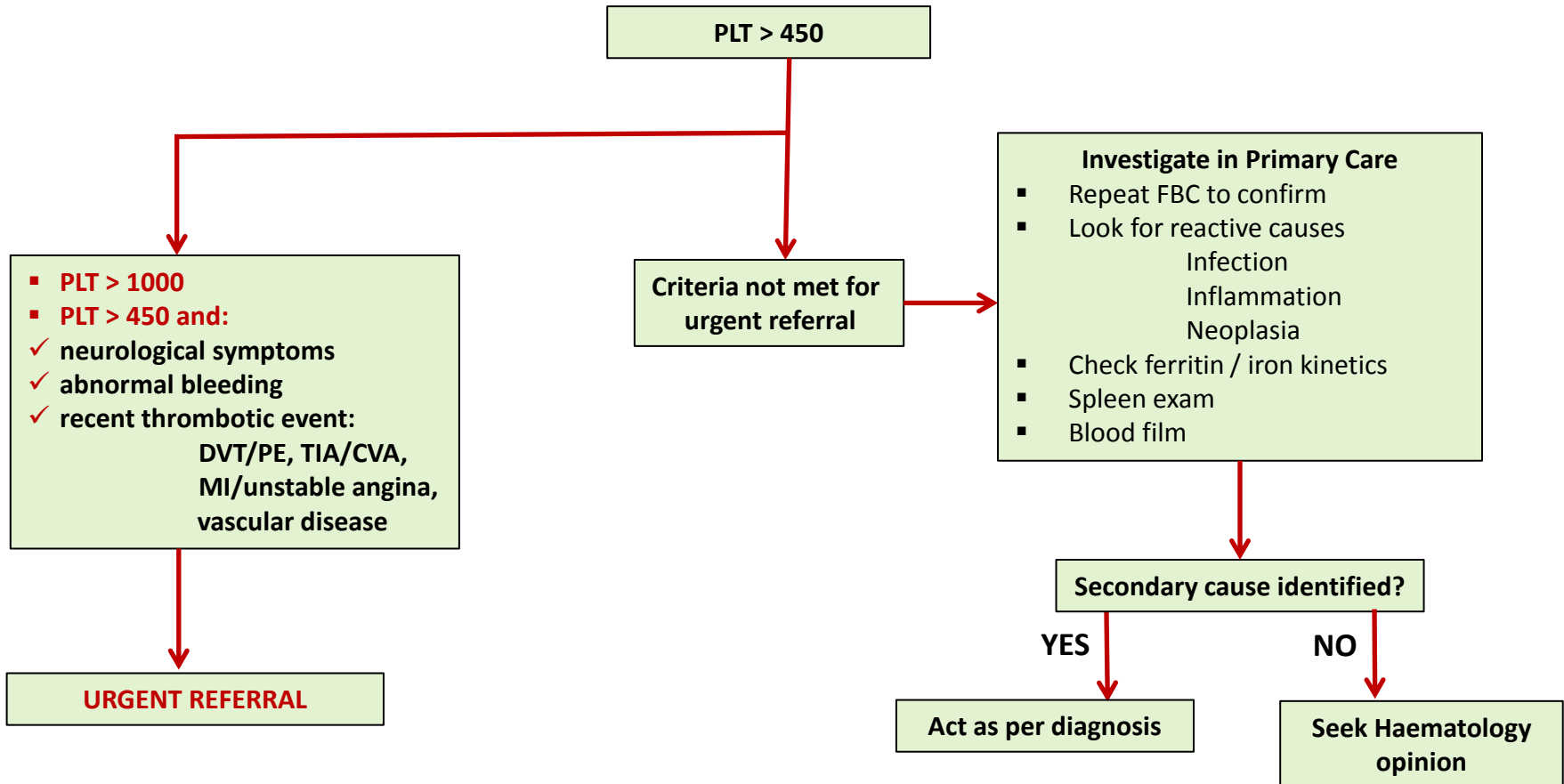
## Sheet 4. Polycythaemia

Elevated Hb/Hct has a wide differential diagnosis including polycythaemia vera, relative polycythaemia and secondary causes like smoking and COPD.



## Sheet 5. Thrombocytosis

Thrombocytosis is defined as a PLT count more than  $450 \times 10^9/l$ . A common cause of thrombocytosis is iron deficiency.



## Sheet 6. Thrombocytopenia

Thrombocytopenia is defined as a PLT count below  $150 \times 10^9/l$ . Most patients with PLT  $> 50$  are asymptomatic. **The risk of bleeding is increasing with a PLT count below 20.**

