Premarital and antenatal screening of Hb-Los Angeles

Hb-Los Angeles’in evlenme ve doğum öncesi tayini

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Letter to the Editor

To the Editor,

I have read with admiration the paper by Bahadır et al. entitled “HbD Los Angeles [β121(GH4)Glu→Gln] and Hb Beograd [β121(GH4)Glu→Val]: implications for their laboratory diagnosis and genetic origins” in the recent issue of the journal [1].

However, I was puzzled regarding the reasons for these studies of HbD Los Angeles, since the presence of this hemoglobinopathy trait even in homozygous forms does not have hematologic consequences, with the exception of HbS-D, as was shown by us 40 years ago [2,3]. Although Hb-D was reported from this country prior to our studies, we were the first to report the mutation site.

Therefore, I do not believe that premarital and antenatal determination of this hemoglobinopathy has clinical importance, except for double heterozygosity with sickle cell or thalassemias. Thus, the applications of these implications require some explanation.

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References


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Author Reply

We appreciate Professor Şinasi Özsoylu for his valuable contribution and his interest in our published article.

As Dr. Özsoylu clearly stated, Hb D-Los Angeles does not cause any hematological problem except in a few cases like Hb S. Therefore, Hb D-Los Angeles is not an important issue in prenatal diagnosis. In our prenatal control program, Hb D-Los Angeles is also not the primary issue. On the other hand, in the Denizli province of Turkey, Hb D-Los Angeles is observed frequently. In the premarital screening program, identification of the abnormal hemoglobins has an important role in this program leading to the prenatal diagnosis. Hb D-Los Angeles and Hb S show similar electrophoretic and chromatographic behavior. We would like to emphasize this issue in the premarital control programs. We would also like to point out the importance of inter-institutional collaborations for the success of hemoglobinopathy control programs.

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