

## The effects of excessive Disodium Ethylene Diamine Tetraacetic Acid (Na<sub>2</sub>EDTA) anticoagulant concentration toward hematology profile and morphology of erythrocytes in peripheral blood examination

Tri Ratnaningsih, author

Deskripsi Lengkap: <https://lib.ui.ac.id/detail?id=89325&lokasi=lokal>

---

### Abstrak

Tujuan penelitian ini adalah untuk mengetahui apakah terdapat perbedaan antara hasil pemeriksaan hematologi rutin dan morfologi darah tepi eritrosit pada sampel darah dengan berbagai konsentrasi antikoagulan Na<sub>2</sub>EDTA yang berbeda. Penelitian ini merupakan penelitian potong lintang. Bahan penelitian berupa 33 sampel darah vena mahasiswa Fakultas Kedokteran UGM Yogyakarta. Dua ml darah dibagi ke dalam 4 tabung Na<sub>2</sub>EDTA yang masing-masing berisi antikoagulan dengan konsentrasi yang berbeda. Tabung pertama berisi Na<sub>2</sub>EDTA konsentrasi standar, 2 mg/dl, tabung yang lain secara berurutan berisi Na<sub>2</sub>EDTA dengan konsentrasi 4 mg/dl, 6 mg/dl, and 8 mg/dl. Sebelumnya dibuat sediaan hapus langsung dari setetes darah tanpa antikoagulan (sebagai kontrol) untuk pemeriksaan morfologi darah tepi (MDT). Darah dalam keempat tabung tersebut segera dilakukan pembuatan sediaan hapus dan diperiksa profil hematologi eritrositnya menggunakan SYSMEX SE-9500 automatic analyzer. Terdapat penurunan yang bermakna dari hitung eritrosit, hemoglobin, hematokrit, dan MCHC serta peningkatan yang bermakna dari nilai MCV dan RDW antara konsentrasi Na<sub>2</sub>EDTA yang berlebihan, sedangkan nilai MCH tidak ada perbedaan. Pemeriksaan MDT menunjukkan perubahan yang bermakna pada bentuk echinocytes serta ditemukan gambaran ghost cells pada sampel darah dengan Na<sub>2</sub>EDTA yang berlebihan. Disimpulkan bahwa antikoagulan Na<sub>2</sub>EDTA yang berlebihan akan berpengaruh terhadap morfologi dan beberapa parameter hematologi eritrosit. (Med J Indones 2006; 15:157-64)

The purpose of this study is to know whether there are differences between hematology profile and morphology of erythrocytes of blood specimens which are prepared with excessive Na<sub>2</sub>EDTA anticoagulant in different concentration. This study was conducted in Faculty of Medicine Gadjah Mada University. The criteria of subject were male, age from 18 until 22 years old and healthy, ascertained from history taking and vital sign examination. Blood samples from 33 subjects were taken using vein puncture. Two millimeters blood was divided into 4 Na<sub>2</sub>EDTA-containing tube's. Before that, one drop of blood without Na<sub>2</sub>EDTA anticoagulant was used for making control blood film right after vein puncture. Each tubes contained different concentration of anticoagulant. The first tube contained Na<sub>2</sub>EDTA in standard concentration 2 mg/dl; the remaining tubes contained consecutively, 4 mg/dl, 6 mg/dl, and 8 mg/dl. Those samples were immediately examined using SYSMEX SE-9500 automatic analyzer for measuring erythrocytes hematology profile and were stained with Wright staining for morphological examination. These procedures were done before 20 minutes of vein puncture. There were significant decrease of RBC count, HGB, HCT, and MCHC and also significant increase of MCV and RDW between different concentrations of excessive Na<sub>2</sub>EDTA anticoagulant. MCH did not have significant result. Morphological examination showed significant morphological changes in the form of echinocytes and appearance of ghost cells in the sample treated with excessive Na<sub>2</sub>EDTA anticoagulant concentration. In conclusion, there are differences in hematology profile and morphology of erythrocytes among blood specimen which are prepared with excessive Na<sub>2</sub>EDTA anticoagulant in different concentration, except for MCH. Excessive Na<sub>2</sub>EDTA

anticoagulant concentration will affect the blood specimen for peripheral blood examination of erythrocytes by interfering morphology and some of hematological parameters. (Med J Indones 2006; J 5:157-64)</i>