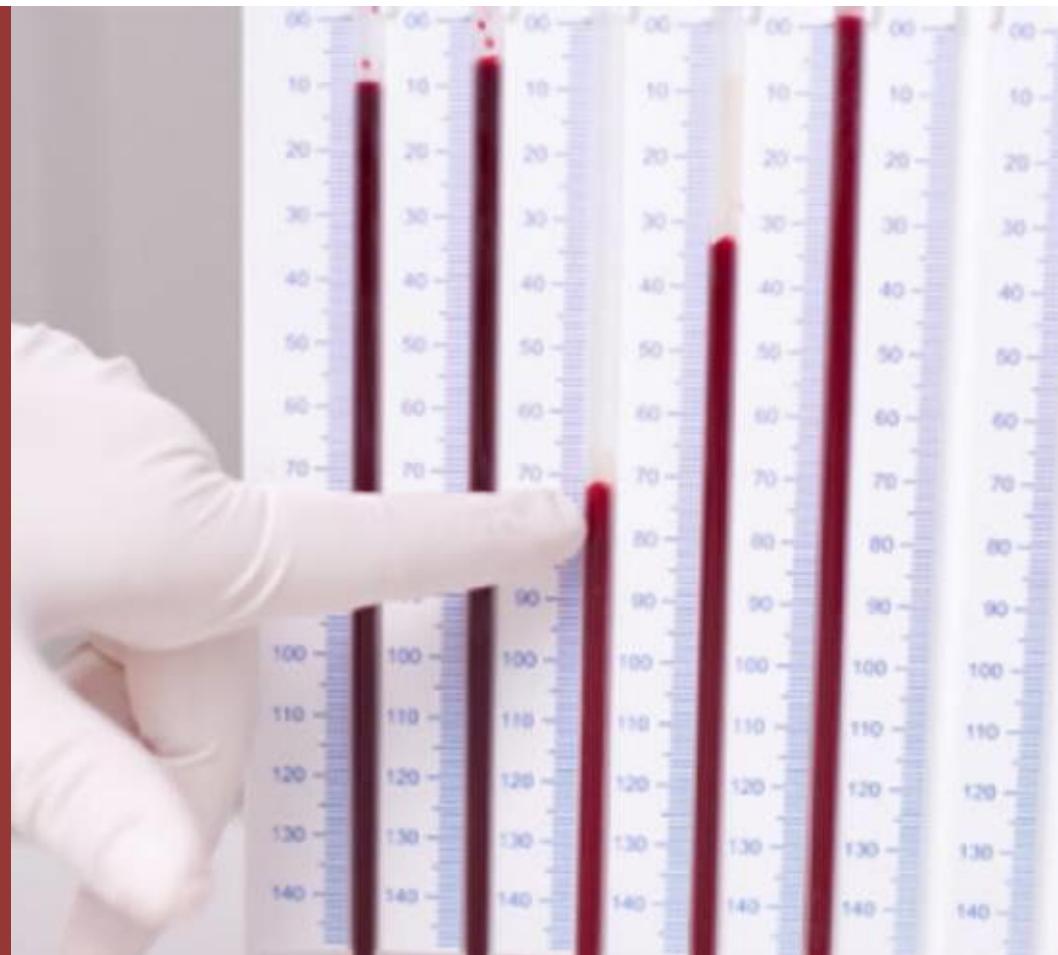




Brzina sedimentacije eritrocita – gdje smo danas?



Ivana Lapić

Klinički zavod za laboratorijsku dijagnostiku, KBC Zagreb



Does your laboratory perform ESR?

a) Yes

128/129 (99)

b) No

1/129 (1)

Which method is used for ESR? (multiple answers possible)

a) Automated method

35/128 (27)

b) Manual method

85/128 (66)

c) Both

8/128 (7)

Biljak VR, Lapić I, Vidranski V, Herceg I, Tomić F, Šimac B, Horvat M, Čičak H, Vuljanić D, Dorotić A, Nikler A. Policies and practices in the field of laboratory hematology in Croatia - a current overview and call for improvement. Clin Chem Lab Med. 2021;60:271-282.

Top 25 Tests by Volume at Five Referral Hospitals

Rank	AKUH, Nairobi	CA, Bangalore	UCH, Ibadan	UMMC, Kuala Lumpur	Denver Health
1	CBC	CBC ^a	CBC	CBC	CBC
2	Urinalysis	Glucose	Electrolytes, urea, and creatinine	Renal function	Basic metabolic panel ^b
3	Urea, electrolytes	Creatinine	Glucose	Liver function	Glucose
4	Stool microscopy	TSH	Urinalysis	Blood glucose	Urinalysis
5	Glucose	Thyroid function	Blood group and crossmatch	Magnesium serum	<i>Chlamydia</i> detection
6	C-reactive protein	Renal function	Liver function	Lipid profile	HbA _{1c}
7	Malarial parasites	Urinalysis	Lipid profile	PT/INR	Phosphorus
8	Stool <i>Helicobacter pylori</i> antigen	Potassium	Blood film for malaria parasite	APTT	Magnesium
9	Liver function	Liver function	Urine microscopy	Urinalysis	PT/INR
10	Urine microscopy	Platelet count	AFB studies	HbA _{1c}	Comprehensive metabolic panel ^c
11	Surgicals ^d	Urine culture	PT/INR	Blood group	TSH
12	Crossmatch	Lipid profile	Other microscopy	Calcium, phosphorus	Liver function
13	Malaria antigen	PCV	Surgicals	Blood culture ^e	Lipid panel ^f
14	HbA _{1c}	HbA _{1c}	Hb electrophoresis	HBsAg	PTT
15	Lipid profile	Vitamin B ₁₂	Cytology	HIV combo	Troponin-I
16	HIV	Hemoglobin	Syphilis	HCV	Urine culture
17	Thyroid function	Sodium	Blood culture	C-reactive protein	Blood group
18	ESR	Vitamin D	ESR	CKMB	Lactate
19	TSH	Blood group	HIV	ESR	Antibody screen
20	Unit packed RBCs	Calcium	Blood group	Thyroid function	Drugs of abuse screen, urine
21	Pregnancy	Coagulation profile	HCV	Syphilis	Cytology
22	Cytology	CBC with ESR	Stool microscopy	Troponin	Syphilis
23	Calcium	Blood culture	HBsAg	Uric acid serum	Surgicals
24	Blood culture	Electrolytes	HbA _{1c}	Lactate	Blood culture
25	Syphilis	ALT	Phosphorus	Urine culture	Pregnancy



Otkriće fenomena brzine sedimentacije eritrocita (SE)



Edmund Faustinus Biernacki
(1866-1911)



Halbschematische
Abbildung des Sedimentationsgefäßes.
Natürliche Größe.

A cylinder designed by Biernacki for
measurement of the ESR (from Deutsche
Medizinische Wochenschrift 1897).

Aus dem Laboratorium der medizinisch-diagnostischen
Klinik zu Warschau.

Blutkörperchen und Plasma in Ihren gegensei-
tigen Beziehungen.

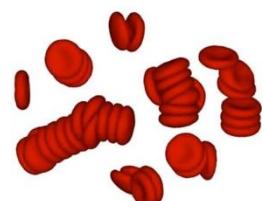
Von Dr. R. BIERNACKI, Assistent in der Klinik.

Beharrlich traut sich das den Organismus verlassene Blut bald in zwei Komponenten: Serum und Erythrocyten, falls es sich selbst überlassen, aufzuteilen, resp. Plasma und Blutkörperchenblutsatz, falls das Blut definiert wird ohne irgende Verbindung mit Natriumchlorat (=protein oder zinnig) in geringer Dose (0,1 pCfL) eingesetzt bleibt. Doch war das definierte oder nicht definierte Blut in einem graduierten Cylinder leicht, so lange man diese Prozessabgrenzung ausführte Sediment für rothen Blutkörperchen, schreibt sie bekannt beschreibt. Die Sediment beginnen sattmehr schon nach 1½-2 Stunde, die dureh Plasma resp. Natriumchlorat etwas allzuig, während die Kurve sonst von einer abgegrenzten Blutkörperchenblutsatz durchgeschnitten absteigt; es kommt natürlich unter gewissen Bedingungen zur Bildung eines Bodenkalks von konsistenter Breite, in dem dann eine Grenze zugleich 1, Centimeter nicht mehr durchdringt. In dieser Zeit gelingt es sehr leicht, weiter mehr trockenen Eigentümkeiten des Plasmas und darauf des Blutkörperchenblutsatz auf einer bestimmten Prozessabgrenzung ganz getrennt zu sondieren.

Untersucht man nun mikroskopisch einen Trocken des Blutkörperchenblutsatz allein, so erhält man eine üppigste Häufungsfähigkeit, so stellt sich ein wesentlich anderes Bild dar, als dies beim Untersuchen des frischen Blutes der Fall ist. Während die vor mir untersuchten Menschenkrankheiten meistens pathologischer Natur (Tuberkulose, Nephritis etc.) waren, so zeigten sich die Blutkörperchen im frischen Antikörper und nicht definiertem (nicht Natriumchlorat) Blute alle in Größenlagen und von verschieden Durchmessern: 7,0-9,2 μ, so wurde wieder Mikroskop und Punktionspfeil, dgl. notwendig. Dagegen waren die roten Blutkörperchen im Bodenkalk 1. auffallend kleiner als im frischen

Biernacki's paper on the ESR
from 1894
in German [8].

- razlikuje se ovisno od osobe
- krv s manjim udjelom stanica brže sedimentira
- ovisi o razini fibrinogena u krvi
- u febrilnim stanjima s povećanom koncentracijom fibrinogena u krvi brzina sedimentacije eritrocita je povišena
- u krvi bez fibrinogena proces sedimentacije eritrocita se usporava



From the Stockholm Hospital for Tuberculosis at Söderby.

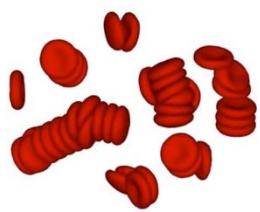
Acta Med Scand 54: 247-282. 1921

Studies of the Suspension Stability of the Blood in Pulmonary Tuberculosis¹

by

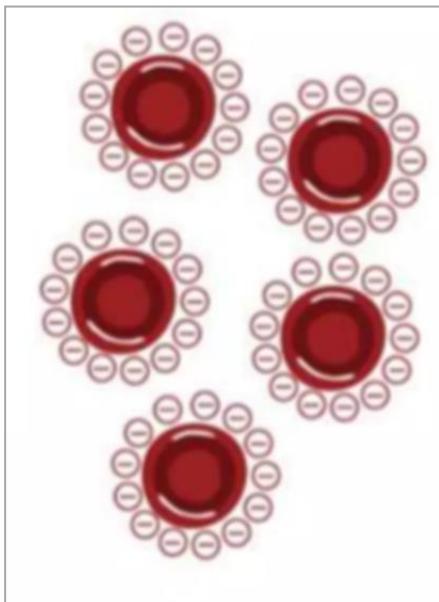
ALF WESTERGREN.

- objasnjen mehanizam sedimentacije eritrocita
- definirana metoda određivanja



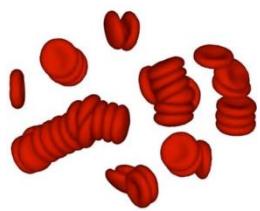
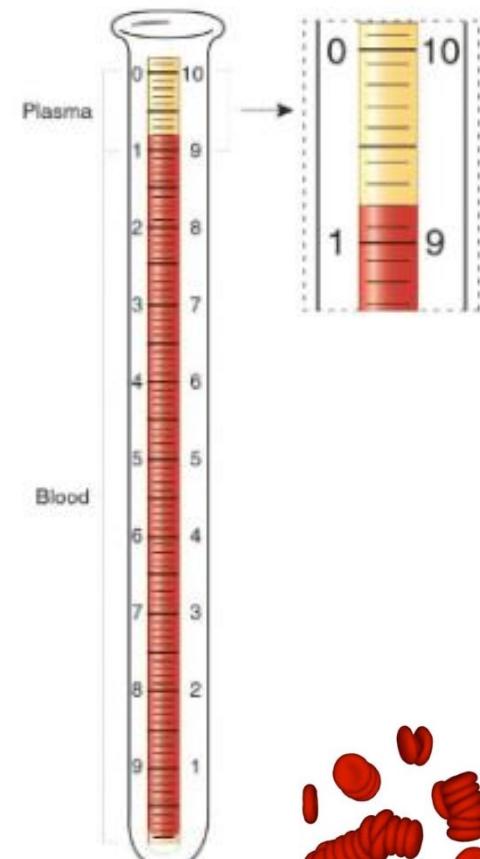
Definicija

mjera učinka različitih fizioloških i patofizioloških čimbenika na brzinu taloženja eritrocita u **vertikalno postavljenoj graduiranoj pipeti tijekom sat vremena**, pri čemu u uzorku krvi dolazi do **razdvajanja staničnog od plazmatskog dijela**



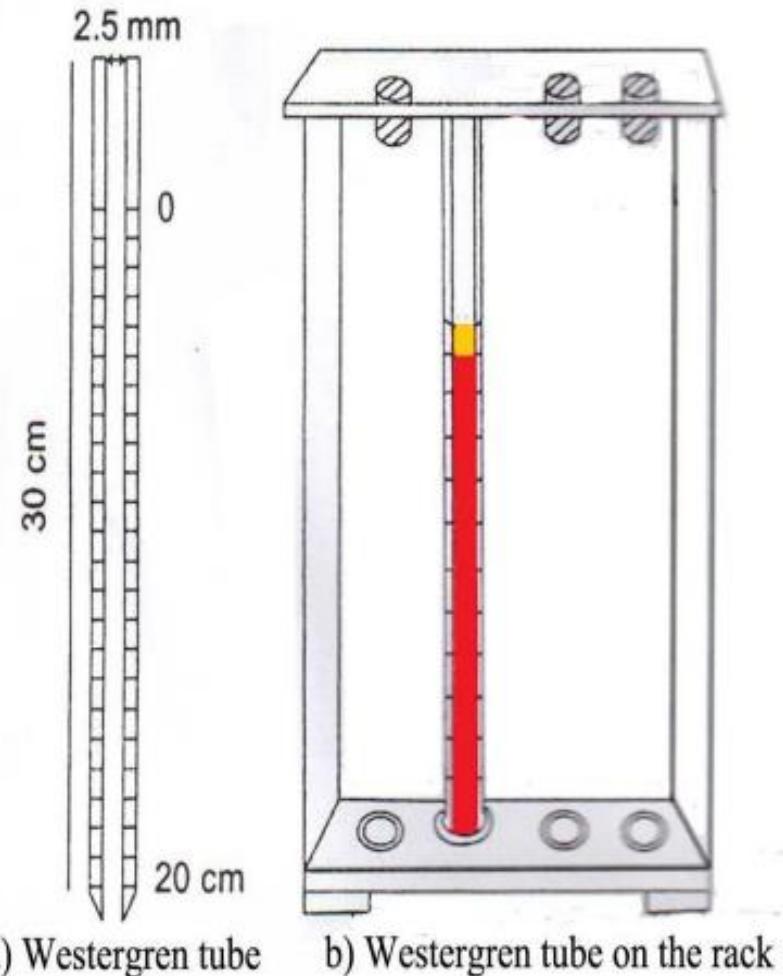
MAKROMOLEKULE PLAZME (+)

Fibrinogen
Plazminogen
C-reaktivni protein
alfa-1-antitripsin
Haptoglobin
Komponente komplementa
Imunoglobulini

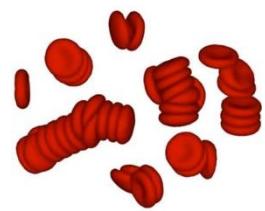


Metoda po Westergrenu

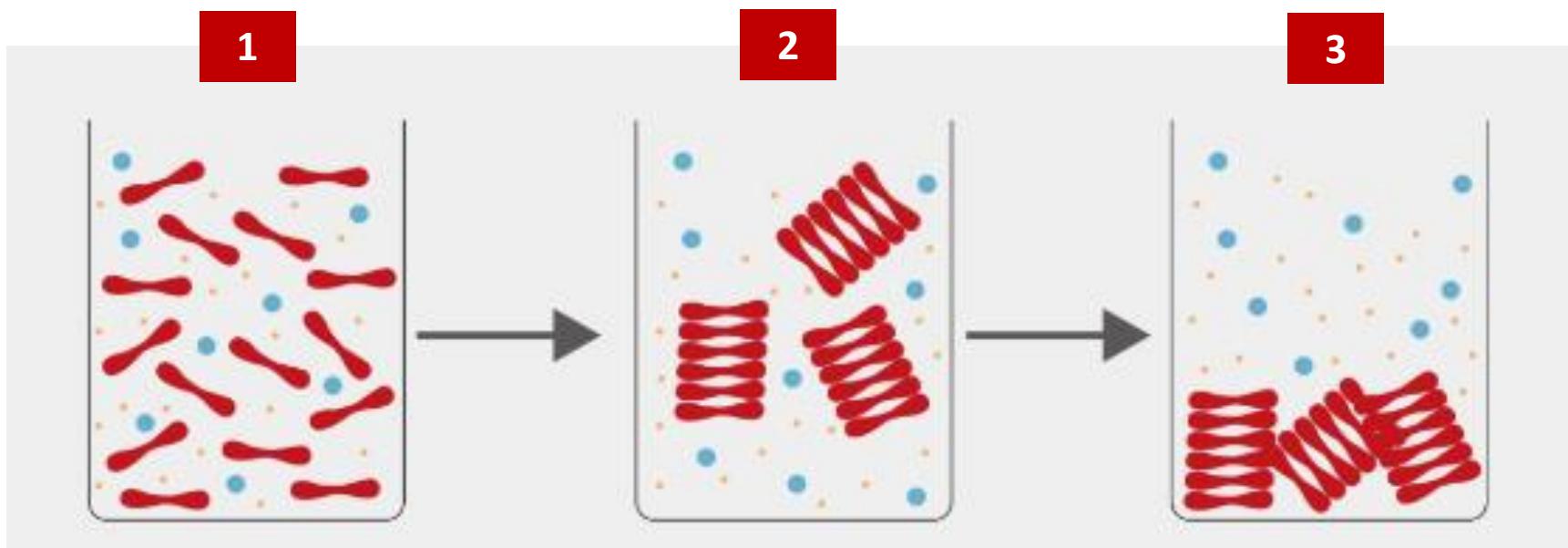
- Puna krv razrijedjena u omjeru **4:1 s antikoagulansom trinatrijevim-citratom dihidratom (3,8 %)**
- Westergrenova pipeta: duljina 30 cm, graduirani dio 20 cm, promjer 2,55 mm
- Okomito postavljanje
- Očitavanje stupca eritrocita **nakon sat vremena**



*Referentna metoda
za određivanje brzine sedimentacije eritrocita (1973., ICSH)*



Mehanizam sedimentacije eritrocita

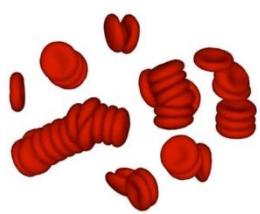


Agregacijska (lag) faza
nakupljanje eritrocita u rouleaux formacije

Dekantacijska faza
taloženje konstantnom brzinom

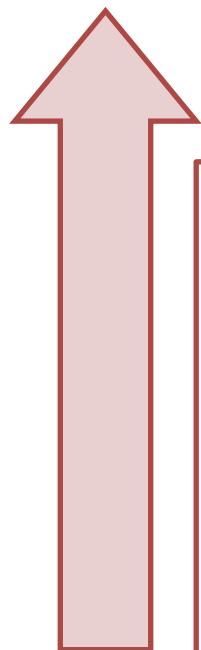
Faza nakupljanja
sedimentacija aggregata usporenom brzinom

1 sat

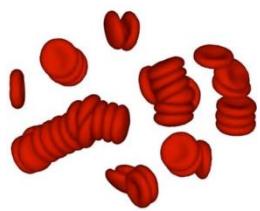
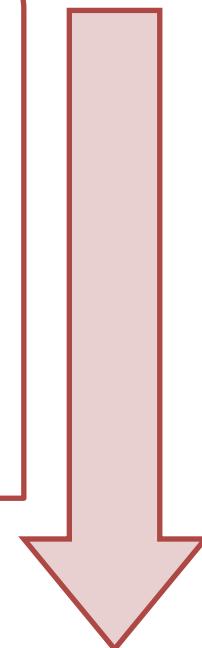


Čimbenici koji utječu na SE

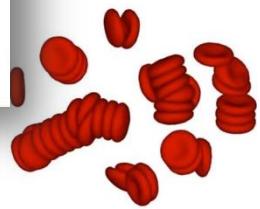
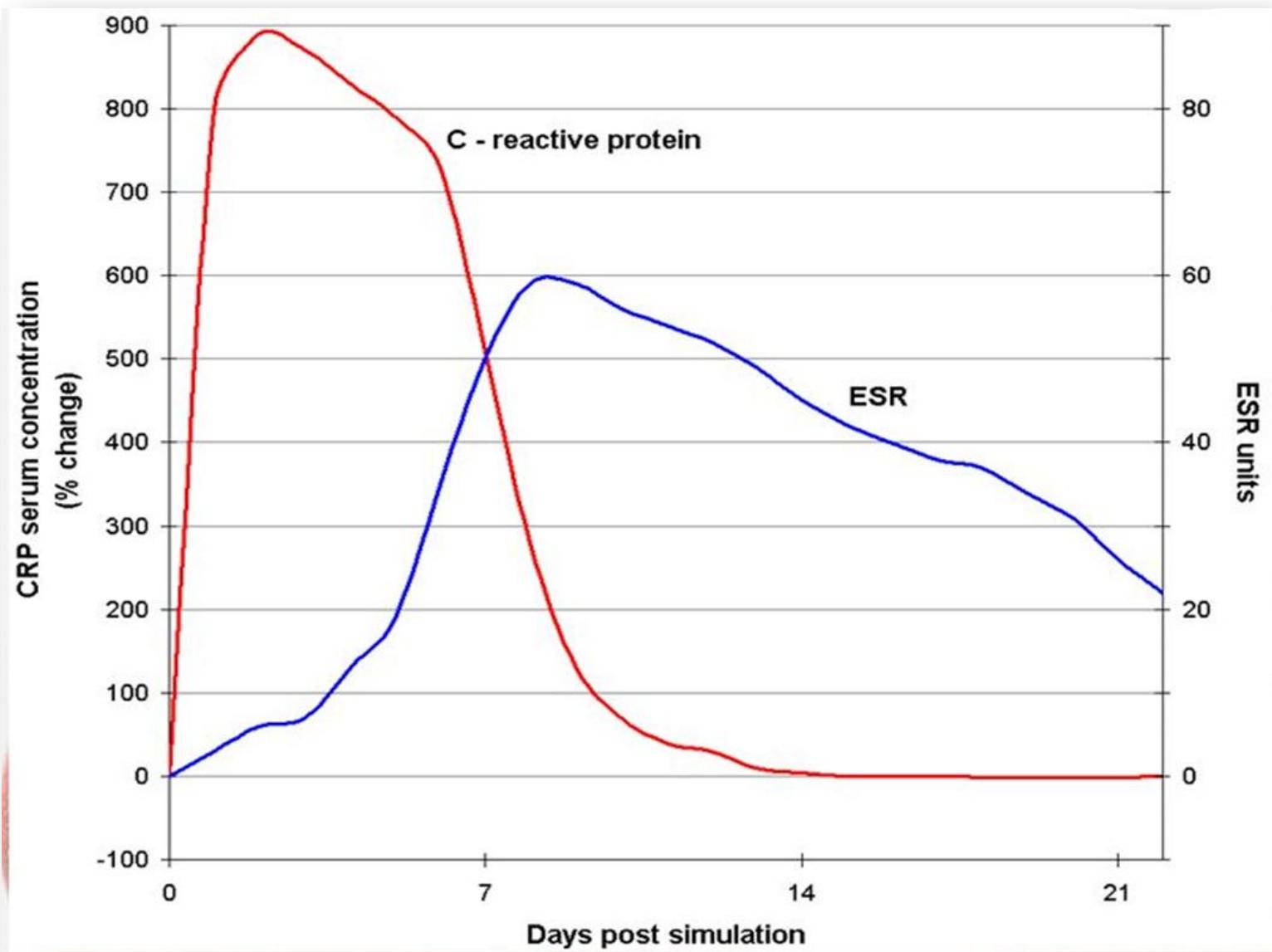
- Upalni parametri
- Karakteristike eritrocita (oblik, volumen i broj)



- Akutna upala
- Konična upala
- Maligne bolesti
- Autoimune bolesti
- Anemije
- Trudnoća
- Starija dob
- Izrazita leukocitoza
- Policitemija
- Srpasta anemija, sferocitoza, akantocitoza
- Hipofibrinogenemija
- Hipogamaglobulinemija
- Povećana viskoznost plazme



Treba li koristiti SE u upali?



Klinički i laboratorijski značaj



REUMATSKE BOLESTI

- reumatoидni artritis
- reumatska polimialgija
- arteritis divovskih stanica

- postavljanje dijagnoze,
- praćenje tijeka bolesti
- praćenje uspješnosti liječenja



ORTOPEDSKE INFKECIJE

- Periprotetične zglobne infekcije

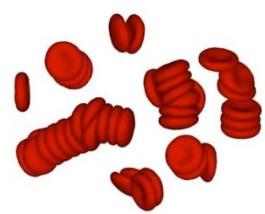
- $SE > 30 \text{ mm}$ govori u prilog
dijagnozi infekcije



HODGKINOV LIMFOM

- stupnjevanje bolesti i
stratifikacija rizika

1. Dasgupta B., et al. 2012 Provisional classification criteria for polymyalgia rheumatica: a European League Against Rheumatism/American College of Rheumatology collaborative initiative. *Ann Rheum Dis.* 2012;71:484-92.
2. Ness T, et al. The diagnosis and treatment of giant cell arteritis. *Dtsch Arztebl Int.* 2013;110:376-86.
3. Barrack R, et al. General assembly, diagnosis, laboratory test: proceedings of international consensus on orthopedic infections. *J Arthroplasty.* 2019;34:S187-95.
4. Eichenauer DA. ESMO Guidelines Committee, et al. Hodgkin lymphoma: ESMO clinical practice guidelines for diagnosis, treatment and follow-up. *Ann Oncol* 2018;29:iv19-9.





The Royal College of Pathologists
Pathology: the science behind the cure

The Association for
Clinical Biochemistry &
Laboratory Medicine
Better Science, Better Testing, Better Care

IBMS Institute of
Biomedical Science

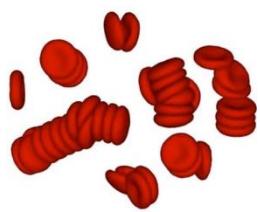
National minimum retesting intervals in pathology

March 2021

Authors: Dr Tim Lang, County Durham and Darlington NHS Foundation Trust
Dr Bernie Croal, Aberdeen Royal Infirmary, NHS Grampian

ESR

H-ESR1	Temporal arteritis/polymyalgia rheumatica	Every three months following first month of treatment	Dasgupta B <i>et al.</i> <i>Rheumatology</i> 2010;49:186–190. ⁹¹ <i>[Level of evidence – B.]</i>
H-ESR2	Rheumatoid arthritis	Every month until treatment has controlled the disease (NICE CG79 recommends use of CRP)	NICE. CG79, 2009. ⁹² <i>[Level of evidence – A.]</i>



Sistematski pregledi



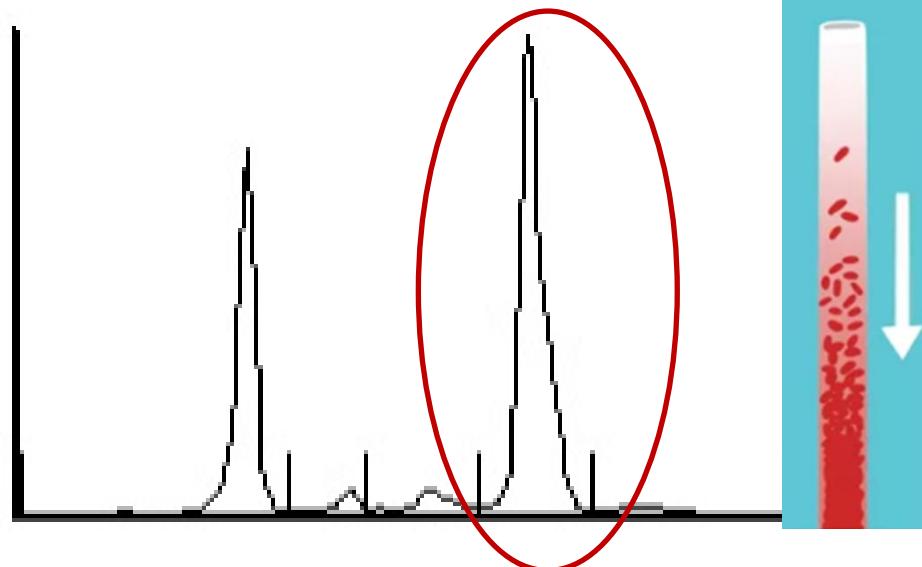
	Rezultat	Jedinica	Referentni interval
(K) Eritrociti	3.24	$\times 10^{12}/L$	4.34 - 5.72
(K) Hemoglobin	111	g/L	138 - 175
(K) Hematokrit	0.316	L/L	0.415 - 0.530
(K) MCV	97.5	fL	83.0 - 97.2
(K) MCH	34.3	pg	27.4 - 33.9
(K) MCHC	351	g/L	320 - 345
(K) RDW	13.2	%	9.0 - 15.0
(K) Retikulociti	15.7	/1000 Erc	5.0 - 21.6
(K) Retikulociti	51	$\times 10^9/L$	22 - 97
(K) Indeks zrelosti retikulocita	0.16		0.02 - 0.18
(K) Eritroblasti	0.0	$\times 10^9/L$	< 0.6
(K) Eritroblasti	0	/100 Lkc	< 3
	Rezultat	Jedinica	Referentni interval
(K) Leukociti	5.4	$\times 10^9/L$	3.4 - 9.7

(K) Sedimentacija eritrocita

130

mm/h

3 - 23



(S) Ukupni proteini = **87** g/L (RI: 66 – 80)

ICSH preporuke kroz vrijeme

- **plastične** umjesto staklenih pipeta
- uzorkovanje krvi uz **EDTA** koji je za analizu potrebno razrijediti s trinatrijevim-citratom dihidratom pripremljenim otapanjem (3,2 %)

1977

- definirana **standardizirana metoda za usporedivost** s rutinski korištenom metodom, izvodi se u nerazrijeđenom uzorku krvi hematokrita $0,33 \pm 0,03$ koristeći originalnu Westergrenovu pipetu
- Povezanost prema formuli:

metoda po Westergrenu (razrijeđeni uzorak)

$$= \text{metoda po Westergrenu (nerazrijeđeni uzorak)} \times 0,86 - 12$$

1988

- Izvještavanje rezultata u milimetrima (**mm**)

1993

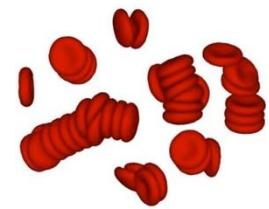
ORIGINAL ARTICLE

WILEY ISHL International Journal of
Laboratory Hematology

ICSH recommendations for modified and alternate methods measuring the erythrocyte sedimentation rate

2017

A. Kratz¹  | M. Plebani² | M. Peng³ | Y.K. Lee⁴ | R. McCafferty⁵ | S.J. Machin⁶ |
on behalf of the International Council for Standardization in Haematology (ICSH)

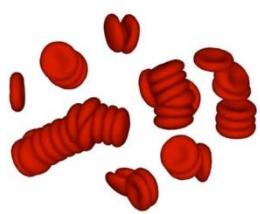


Automatizirane metode

Modificirana Westergrenova metoda



- automatizirano (optičko) očitavanje stupca eritrocita nakon sedimentiranja
- epruvete sa citratom
- epruvete različitih dimenzija i promjera od preporučenih



Analiza iz nerazrijedjenog EDTA uzorka

*Analiza iz epruvete
za kompletну krvnu sliku*



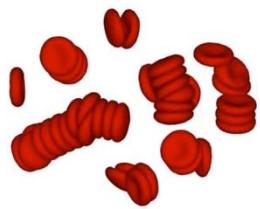
Povećana sigurnost pacijenta

Povećana stabilnost eritrocita

Analiza u mikroepruvetama

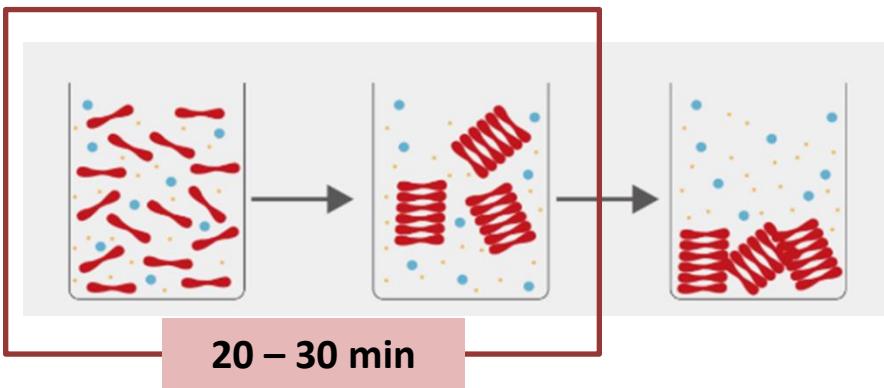
Smanjena količina medicinskog otpada

Epruvete različitih proizvođača



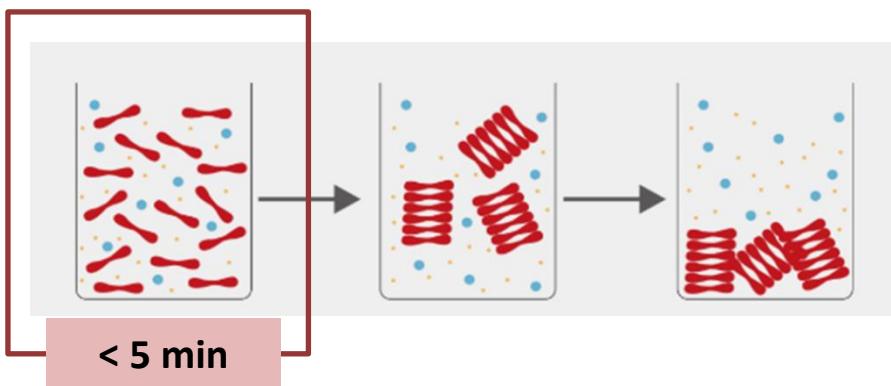
Automatizirane metode

Modificirane Westergrenove metode

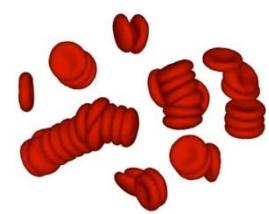


- optičko mjerjenje razlike visine stupca eritrocita neposredno nakon automatiziranog miješanja uzorka i nakon određenog vremena sedimentiranja
- rezultat se matematički se preračunava u vrijednost SE nakon sat vremena

Alternativne metode



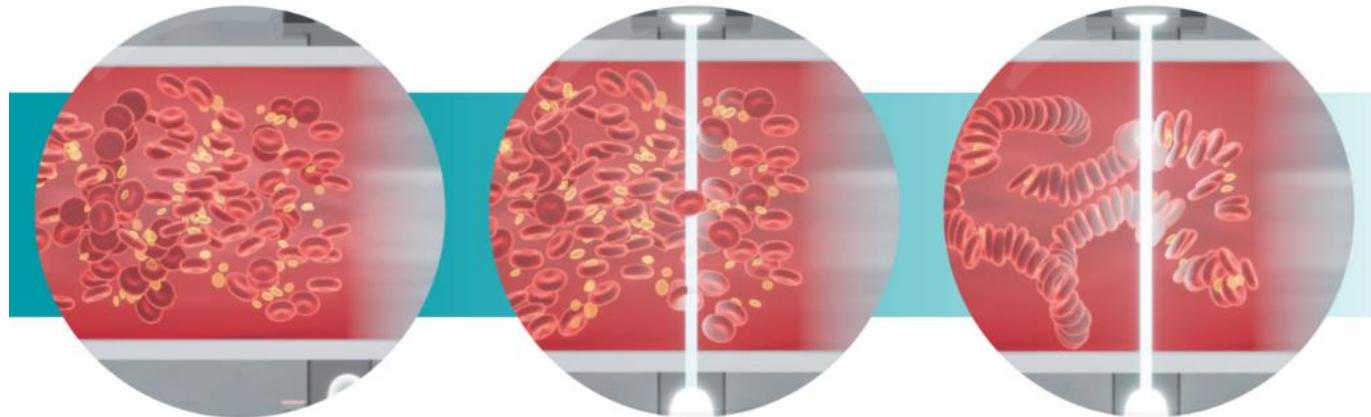
- kinetičke metode
- mjere nastajanje *rouleaux* formacija
- načela mjerjenja: fotometrijska reologija, centrifugiranje



Automatizirane metode

Alternativne metode

Fotometrijska reologija



Ubrzani protok krvi kroz kapilaru...

...uzrokuje agregaciju eritrocita...

...što dovodi do promjene intenziteta svjetlosti.

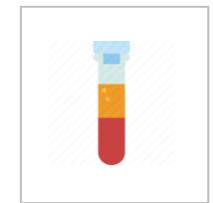
Centrifugiranje



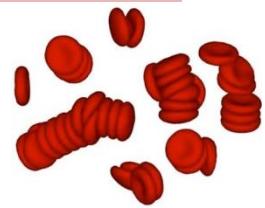
1500 – 2000 rpm



Infracrveni laser



Detekcija granice između eritrocita i plazme



Validacija automatiziranih metoda

Kratz A, Plebani M, Peng M, Lee YK, McCafferty R, Machin SJ; International Council for Standardization in Haematology (ICSH).

ICSH recommendations for modified and alternate methods measuring the erythrocyte sedimentation rate.

Int J Lab Hematol. 2017;39:448-57.



PRECIZNOST

- u seriji
- iz dana u dan



USPOREDBA S WESTERGRENOVOM METODOM

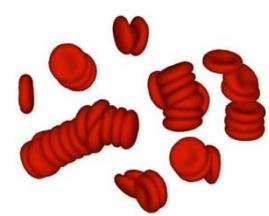
- najmanje 60 uzoraka
- zasebna analiza u niskom (do 40 mm), srednjem (40 – 80 mm) i visokom području (> 80 mm)
- uredan hematokrit



PROVJERA REFERENTNIH INTERVALA (RI)

- za svaku skupinu po dobi i spolu analizom najmanje 20 uzoraka zdravih ispitanika
- prihvaćaju se ako je $\geq 90\%$ rezultata unutar RI
- izrada vlastitih RI, prema CLSI EP28-A3c

- ispitivanje stabilnosti uzorka, prijenos uzorka (engl. *carryover*), utjecaj interferencija...



HRVATSKA NORMA HRN EN ISO 15189

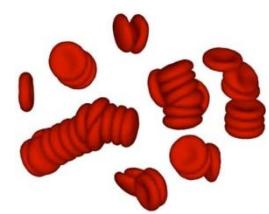
ICS: 03.120.10;
11.100.01

Četvrto izdanje,
prosinac 2022.

Zamjenjuje HRN EN ISO 15189:2012;
HRN EN ISO 22870:2016

7.3.5 Biological reference intervals and clinical decision limits

- c) When changes are made to an examination or pre-examination method, the laboratory shall review the impact on associated biological reference intervals and clinical decision limits and communicate to the users when applicable.



Ispitivanje preciznosti



CUBE 30 touch

	Declared mean (range), mm	Mean \pm SD, mm	Within-run CV, %	Between-run CV, %	Manufacturer acceptance CV, %
ESR control cube normal level I (lot 621)	9 (1-15)	9 \pm 1	5.2	9.4	≤15
ESR control cube abnormal level II (lot 621)	72 (47-97)	66 \pm 3	2.6	2.2	

ESR, erythrocyte sedimentation rate; SD, standard deviation; CV, coefficient of variation.

Lapić I, Rade A, Kraljević A, Miloš M, Coen Herak D, Daskijević L, Cerovac P, Rogić D. Analytical validation of the modified Westergren method on the automated erythrocyte sedimentation rate analyzer CUBE 30 touch. Clin Chem Lab Med. 2023;61:1463-9.

Table 1 Intrarun precision obtained by analysing 11 patient samples in five replicates

	ESR (mm) (n=5)	SD (\pm)	CV (%)
S1	4.6	0.5	10.7
S2	10.2	1.3	13.0
S3	15.2	0.8	4.9
S4	23	5.1	22.2
S5	33.2	1.6	4.8
S6	41	1.9	4.6
S7	56.4	1.5	2.7
S8	68.2	4.8	7.0
S9	75.4	2.6	3.4
S10	85.6	2.1	2.4
S11	107.8	2.4	2.2

CV, coefficient of variation; ESR, erythrocyte sedimentation rate.

	Intrarun precision		Inter-run precision		
	Mean \pm SD	CV (%)	Mean \pm SD	CV (%)	Bias (%)
Seditrol® Level 1 lot C128 (10 \pm 7 mm)	13 \pm 1	4.0	13 \pm 1	7.5	30
Seditrol® Level 2 lot C228 (64 \pm 26 mm)	64 \pm 1	1.8	64 \pm 1	0.7	0

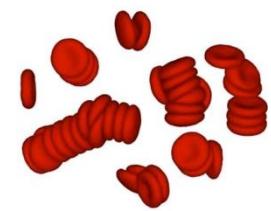
Abbreviations: CV, coefficient of variation; SD, standard deviation.



Ves-Matic Cube 200

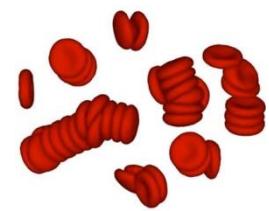
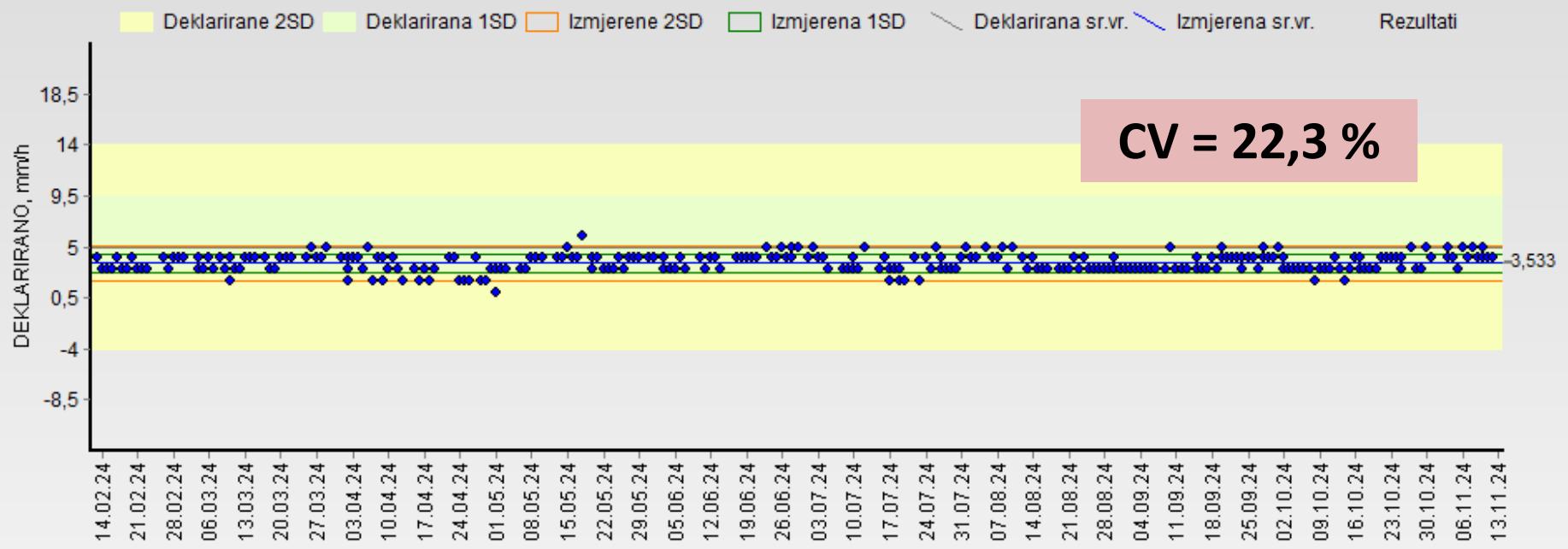


iSED

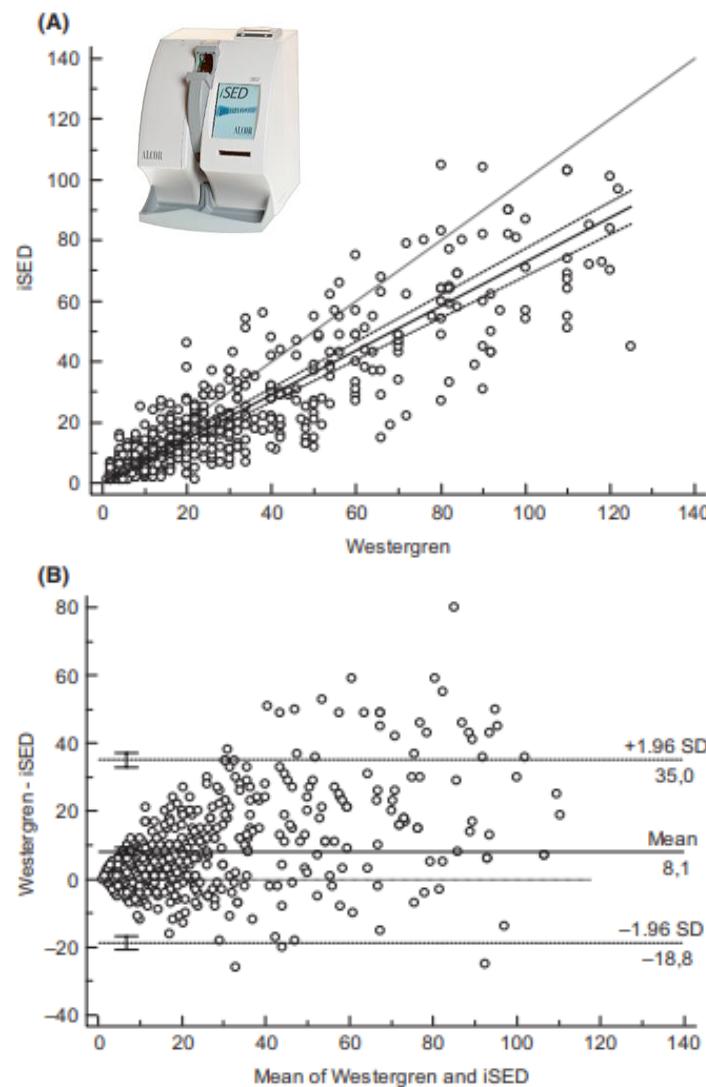
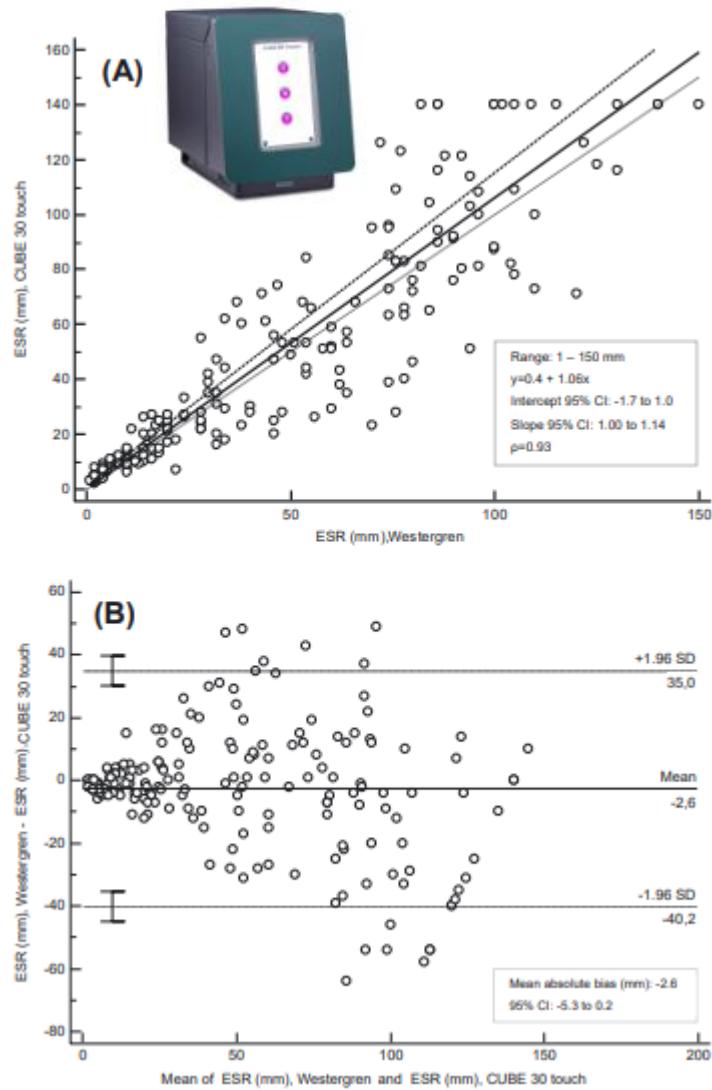


1. Lapić I, Piva E, Spolaore F, Musso G, Tosato F, Peloso M, Plebani M. Ves-Matic CUBE 200: is modified Westergren method for erythrocyte sedimentation rate a valid alternative to the gold standard? J Clin Pathol. 2019;72:716-719.
2. Lapić I, Miloš M, Tosato F, Piva E, Zadro R, Rogić D, Plebani M. Analytical validation of the iSED automated analyzer for erythrocyte sedimentation rate. Int J Lab Hematol. 2020;42:109-115.

Iz dana u dan



Usporedba s Westergrenovom metodom



Razlike su posljedica mjerena različitih faza procesa sedimentacije eritrocita.

Usporedba s Westergrenovom metodom



Ves-Matic Cube 200

Ves-Matic Cube 200				TEST1				
	Intercept (95% CI)	Slope (95% CI)	p	Mean bias (95% CI)	Intercept (95% CI)	Slope (95% CI)	p	Mean bias (95% CI)
Low (n=169)	-1.5 (-3.7 to -0.3)	1.5 (1.3-1.9)	0.65	-5.6 (-7.7 to -3.4)	-0.7 (-1.1 to 0)	1.1 (1.0-1.1)	0.97	0 (-0.3 to 0.3)
Medium (n=35)	-157.1 (-365 to -83)	9.2 (-18 to 18)	0.48	2.1 (-6.3 to 10.5)	1.0 (-8.6 to 4.7)	1.0 (0.9-1.2)	0.94	-0.8 (-1.9 to 0.3)
High (n=41)	-170.8 (-416 to -58)	2.5 (1.4-5.0)	0.39	23.3 (16.5-30.1)	15 (-13.6 to 30.7)	0.8 (0.7-1.1)	0.56	-5.7 (-9.3 to -2.0)



TEST1

Lapić I, Piva E, Spolaore F, Tosato F, Peloso M, Plebani M. Automated measurement of the erythrocyte sedimentation rate: method validation and comparison. Clin Chem Lab Med. 2019;57:1364-73.

ESR range, mm	n	p	Intercept (95% CI)	Slope (95% CI)	Mean absolute bias (95% CI), mm	Mean relative bias (95% CI), %
<40	93	0.90	0.6 (0-2.0)	1.1 (1.0-1.3)	-2.2 (-3.8 to -0.6)	-16.7 (-24.9 to -8.6)
40-80	53	0.40	-134.3 (-278.0 to -75.8)	3.2 (2.2-5.5)	-1.5 (-8.6 to 5.7)	5.8 (-5.7 to 17.4)
>80	45	0.39	-110.0 (-259.0 to -31.1)	2.2 (1.3-3.8)	-4.8 (-12.5 to 3.0)	-2.1 (-10.0 to 5.8)



CUBE 30 touch

ESR, erythrocyte sedimentation rate; p, Spearman's rank correlation coefficient; CI, confidence interval.

Lapić I, Rade A, Kraljević A, Miloš M, Coen Herak D, Daskijević L, Cerovac P, Rogić D. Analytical validation of the modified Westergren method on the automated erythrocyte sedimentation rate analyzer CUBE 30 touch. Clin Chem Lab Med. 2023;61:1463-9.

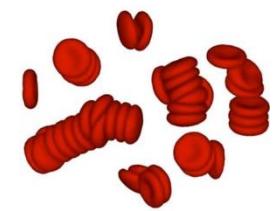
	N	p	Intercept (95% CI)	Slope (95% CI)	Mean bias (95% CI)
Low third (<40 mm)	383	0.720	-0.7 (-2.0 to -0.1)	0.9 (0.8 to 1.0)	3.0 (2.3 to 3.8)
Medium third (40-80 mm)	91	0.528	-53.1 (-81.6 to -36.0)	1.7 (1.4 to 2.2)	17.7 (14.8 to 20.5)
Upper third (>80 mm)	53	0.297	-89.8 (-193.0 to -43.3)	1.7 (1.2 to 2.8)	28.4 (22.8 to 34.0)



iSED

Abbreviations: CI, confidence interval; p, Spearman's rank correlation coefficient.

Lapić I, Miloš M, Tosato F, Piva E, Zadro R, Rogić D, Plebani M. Analytical validation of the iSED automated analyzer for erythrocyte sedimentation rate. Int J Lab Hematol. 2020;42:109-115.



Utjecaj hematokrita...

...je značajniji kod modificiranih Westergrenovih metoda

	n	p	Intercept (95% CI)	Slope (95% CI)	Mean absolute bias (95% CI), mm	Mean relative bias (95% CI), %
Normal hematocrit*	104	0.94	1.6 (1.1–2.9)	0.84 (0.76–0.93)	2.5 (−0.1 to 5.1)	−3.1 (−11.7 to 5.6)
Low hematocrit	87	0.77	0.3 (−8.8 to 6.8)	1.11 (0.98–1.29)	−8.9 (−13.7 to −4.2)	−11.5 (−18.0 to −5.0)

p, Spearman's rank correlation coefficient; CI, confidence interval. *Normal hematocrit for males is from 0.415 to 0.530 L/L, while for females from 0.356 to 0.470 L/L.

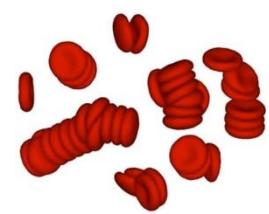
Lapić I, Rade A, Kraljević A, Miloš M, Coen Herak D, Daskijević L, Cerovac P, Rogić D. Analytical validation of the modified Westergren method on the automated erythrocyte sedimentation rate analyzer CUBE 30 touch. Clin Chem Lab Med. 2023;61:1463–9.

...u odnosu na alternativne metode

TABLE 3 Results of ESR comparison between iSED and the Westergren method for samples with normal and low hematocrit values

		N	p	Intercept (95% CI)	Slope (95% CI)	Mean bias (95% CI)
Normal hematocrit	Site-1	320	0.817	0.3 (−0.5 to 0.9)	0.8 (0.7 to 0.9)	4.6 (3.4 to 5.7)
	Site-2	37	0.804	2.6 (−0.1 to 6.0)	1.4 (1.0 to 1.9)	−8.3 (−11.6 to −4.9)
Low hematocrit	Site-1	207	0.889	−2.4 (−3.6 to −0.6)	0.7 (0.7 to 0.8)	13.3 (11.1 to 15.5)
	Site-2	83	0.879	6.7 (3.5 to 10.7)	0.8 (0.7 to 0.9)	2.7 (−1.4 to 6.8)

Abbreviations: CI, confidence interval; p, Spearman's rank correlation coefficient.



Stabilnost



Ves-Matic Cube 200



TEST1

Samples (n=20)	Ves-Matic Cube 200			TEST1				
	Mean, mm	Mean difference, mm (95% CI)	p-Value	Mean, mm	Mean difference, mm (95% CI)	p-Value		
Fresh	26				32.2			
Stored at RT								
4 h	25	-1.0 (-5.8 to 3.9)	0.685	32.1	-0.1 (-2.6 to 2.5)	0.967		
8 h	20.6	-5.4 (-13.3 to 2.5)	0.166	30.5	-1.7 (-5.5 to 2.2)	0.384		
24 h	10.2	-15.8 (-25.5 to -6.1)	0.003	27.5	-4.7 (-10.5 to 1.1)	0.106		
Stored at 4 °C								
4 h	25.4	-0.6 (-4.7 to 3.5)	0.764	37.1	5.0 (-0.7 to 10.6)	0.082		
8 h	24.7	-1.4 (-4.9 to 2.2)	0.436	34.5	2.3 (-2.8 to 7.4)	0.359		
24 h	18.8	-7.1 (-11.8 to -2.4)	0.005	31.7	-0.5 (-6.1 to 5.1)	0.855		

RT, room temperature.

Lapić I, Piva E, Spolaore F, Tosato F, Pellosio M, Plebani M. Automated measurement of the erythrocyte sedimentation rate: method validation and comparison. Clin Chem Lab Med. 2019;57:1364-73.



CUBE 30 touch

Samples	Mean, mm	Mean difference (95% CI), mm	p-Value
Fresh samples	12	N/A	N/A
Samples stored at room temperature			
4 h	11	-1 (-3 to 0)	0.063
8 h	10	-2 (-4 to 0)	0.054
24 h	3	-9 (-14 to -5)	<0.001
Samples stored at 4 °C			
4 h	12	0 (-1 to 1)	0.772
8 h	12	0 (-1 to 1)	0.421
24 h	9	-3 (-4 to -1)	0.002

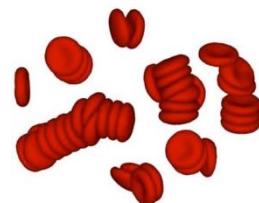
CI, confidence interval; N/A, not applicable. p<0.05 was considered statistically significant.



≤ 8 sati



≤ 24 sata



Lapić I, Rade A, Kraljević A, Miloš M, Coen Herak D, Daskijević L, Cerovac P, Rogić D. Analytical validation of the modified Westergren method on the automated erythrocyte sedimentation rate analyzer CUBE 30 touch. Clin Chem Lab Med. 2023;61:1463-9.

Utjecaj interferencija - hemoliza



Table 3 Results of haemolysis interference (HI) on ESR results

HI range (g/L)*	n	Median (g/L)	Mean bias, % (95% CI)
1.0–1.5	11	1.2	-18 (-44 to 7)
1.5–2.5	12	1.9	-14 (-39 to 12)
2.5–5.0	10	3.2	-41 (-60 to -23)

*HI range was reported as g/L of haemoglobin.

ESR, erythrocyte sedimentation rate; HI, haemolysis index.



Ves-Matic Cube 200

Lapić I, Piva E, Spolaore F, Musso G, Tosato F, Peloso M, Plebani M. Ves-Matic CUBE 200: is modified Westergren method for erythrocyte sedimentation rate a valid alternative to the gold standard? J Clin Pathol. 2019;72:716-719.

Hemolysis index, g/L	n	Samples	Median (IQR), mm	p-Value	Mean bias, %
0-0.49	43	Native	22 (12-55)	0.668	-4.5
		Hemolyzed	21 (13-64)		
0.5-1.0	20	Native	18 (7-32)	0.089	-5.6
		Hemolyzed	17 (9-32)		
>1.0	10	Native	6 (2-18)	0.156	16.7
		Hemolyzed	7 (2-15)		

IQR, interquartile range. p<0.05 was considered statistically significant.

	Median (min-max)	p-Value	Mean bias, %
Ves-Matic Cube 200			
	Non-hemolyzed 10.5 (4-110)	0.032	-13.4
TEST1	Hemolyzed 8.5 (2-102)		
	Non-hemolyzed 20.5 (4-120)	0.562	-18.9
Westergren	Hemolyzed 21 (2-120)		
	Non-hemolyzed 10 (3-105)	0.008	-24.5
Hemolyzed 6.5 (2-82)			

1. Lapić I, Rade A, Kraljević A, Miloš M, Coen Herak D, Daskijević L, Cerovac P, Rogić D. Analytical validation of the modified Westergren method on the automated erythrocyte sedimentation rate analyzer CUBE 30 touch. Clin Chem Lab Med. 2023;61:1463-9.
2. Lapić I, Miloš M, Tosato F, Piva E, Zadro R, Rogić D, Plebani M. Analytical validation of the iSED automated analyzer for erythrocyte sedimentation rate. Int J Lab Hematol. 2020;42:109-115.



CUBE 30 touch



iSED

Utjecaj interferencija - lipemija



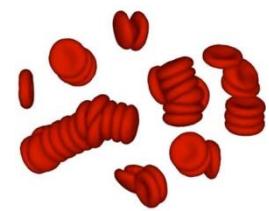
Table 6: Results of assessment of the effect of artificially induced lipemia on erythrocyte sedimentation rate measured on the CUBE 30 touch analyzer.

Lipemia index, g/L	n	Samples	Median (IQR), mm	p-Value	Mean bias, %
0–1.99	11	Native	40 (9–82)	0.770	−7.5
		Lipemic	37 (9–95)		
2.0–5.0	13	Native	13 (2–21)	0.175	30.8
		Lipemic	17 (9–27)		
>5.0	10	Native	22 (13–53)	0.004	−50.0
		Lipemic	11 (8–51)		

IQR, interquartile range. p<0.05 was considered statistically significant.



CUBE 30 touch



Zašto ispitati utjecaj interferencija?

Pretraga			Rezultat	
Grupa	Naziv	S...		
Hematologija	(K) Sedimentacija eritrocita SE		25	H
HIL indeksi	L-SE	L	12	
	H-SE	H	517	
	I-SE	I	2	



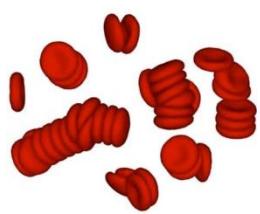
HIL indeksi izmjereni u uzorku seruma/plazme iz istog vađenja

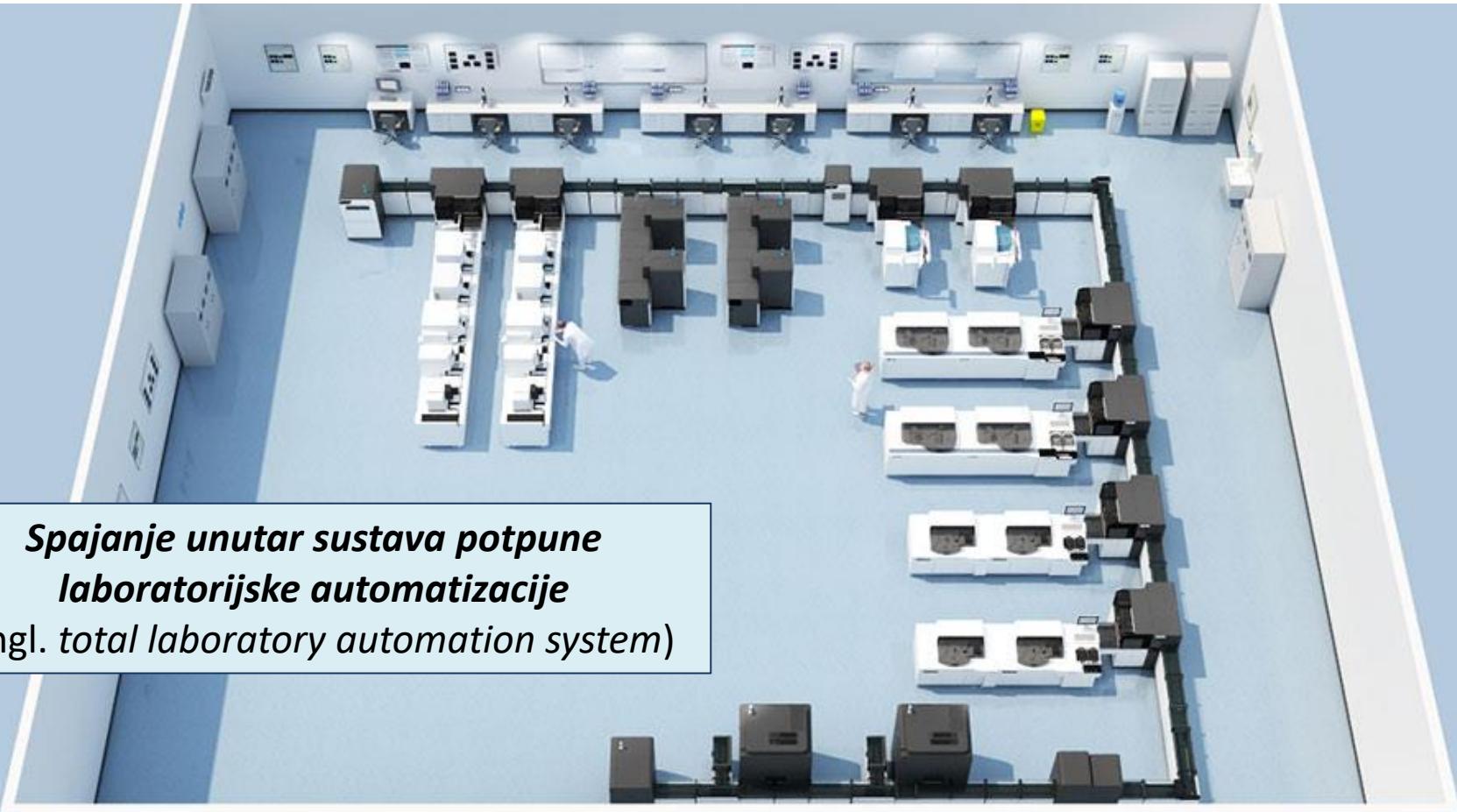


AUTOVALIDACIJA

- HIL indeksi ($H = 500$, $L = 500$)
- Autovalidacijski raspon (1 – 100 mm)
- Delta check (90%, 5 dana)

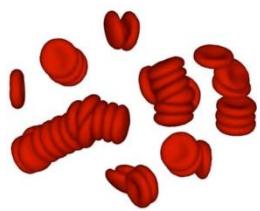
90 %
autovalidiranih nalaza SE





*Spajanje unutar sustava potpune
laboratorijske automatizacije*

(engl. *total laboratory automation system*)



Budućnost

Count Table Review QC Reagent Setup iHelp Print

Sample ID 121052254762 Mode AL-WB-CDR+ESR
 Time 05-22-2021 20:45

Parameter	Result	Unit	Parameter	Result	Unit
WBC	H 16.68	$10^9/L$	RBC	4.99	$10^{12}/L$
Neu#	H 15.90	$10^9/L$	HGB	L 108	g/L
Lym#	L 0.32	$10^9/L$	HCT	L 0.362	
Mon#	0.43	$10^9/L$	MCV	L 72.4	fL
Eos#	L 0.01	$10^9/L$	MCH	L 21.7	pg
Bas#	0.02	$10^9/L$	MCHC	L 300	g/L
IMG#	0.43	$10^9/L$	RDW-CV	H 0.286	
Neu%	H 0.954		RDW-SD	H 77.7	fL
Lym%	L 0.019		RET#	0.0304	$10^{12}/L$
Mon%	L 0.026		RET%	0.61	%
Eos%	L 0.000		IRF	10.6	%
Bas%	0.001		LFR	89.4	%
IMG%	0.026		MFR	8.0	%
PLT	& L 84	$10^9/L$	HFR	2.6	%
MPV	R 10.9	fL	RHE	L 20.5	pg
PDW	R L 14.6		NRBC#	0.000	$10^9/L$
PCT	R 1.31	mL/L	NRBC %	0.00	NRBC %
P-LCC	R 38	$10^9/L$	ESR	5.37	mm/h
P-LCR	R H 45.3	%			
IPF	5.7	%			
			Other Para.		

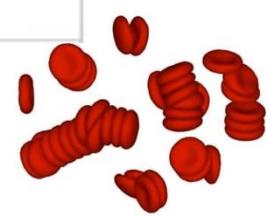
Message Graph1 Graph2

WBC Message	RBC Message
Immature Gran?	Fragments?
Lymphopenia	Anisocytosis
Neutrophilia	Iron Deficiency?

PLT Message

PLT Histogram Abn.

ESR Message



Optimizacija radnog procesa

1. PRILAGODBA IZGLEEDA CRTIČNOG KODA



2. RASPODJELA NA PRIJEMU UZORAKA

3. PRILAGOĐENI REKOVI

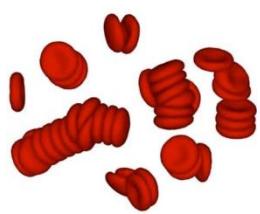


4. IZDVAJANJE UZORAKA ZA SE



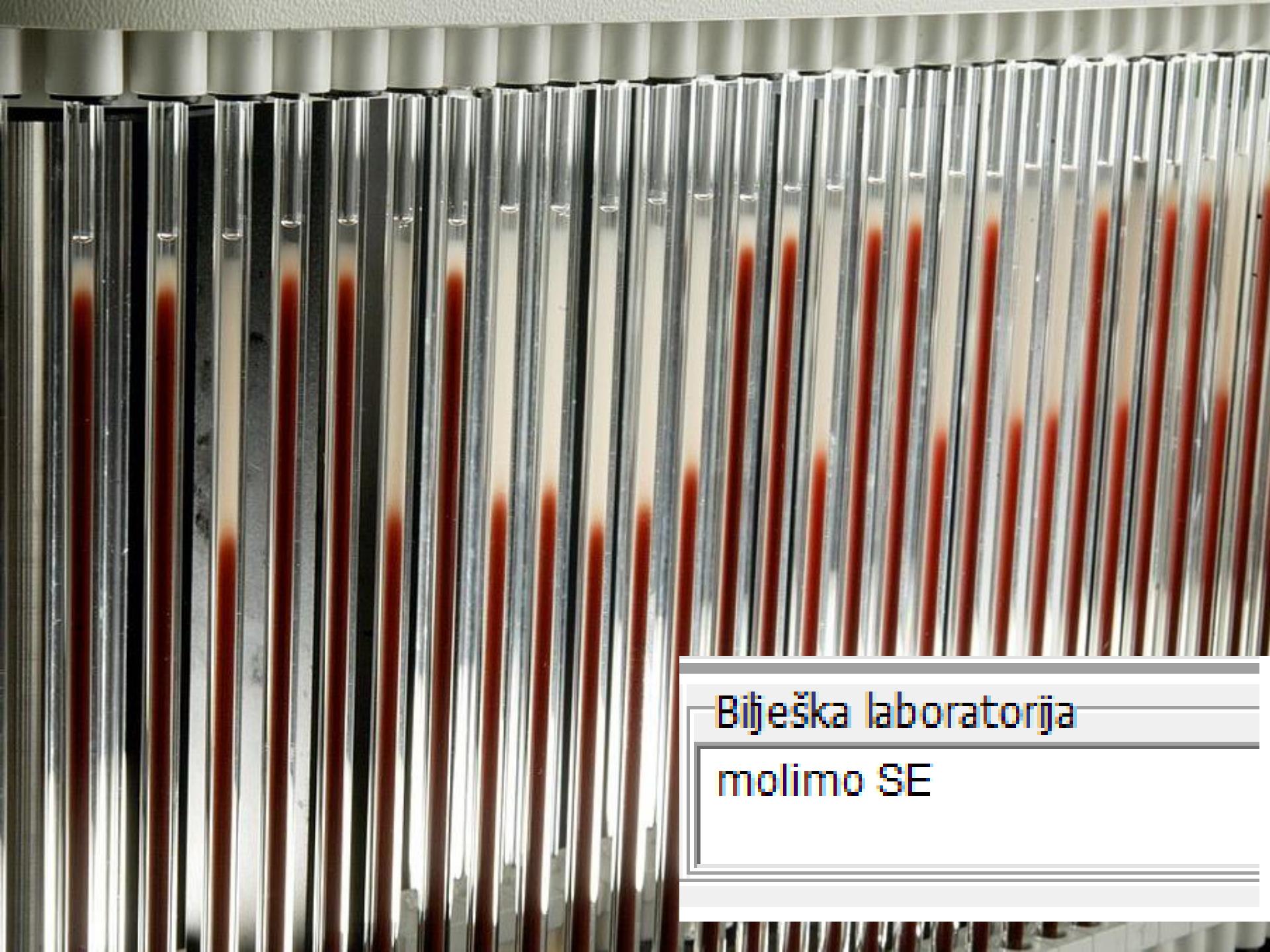
Prednosti uvođenja automatiziranih metoda

- analiza iz nerazrijeđenog EDTA uzorka
- automatizirano očitavanje rezultata
- skraćeno vrijeme analize
- provedba unutarnje kontrole kvalitete
- povezanost s laboratorijskim informacijskim sustavom
- uvođenje autovalidacije
- smanjena mogućnost ljudske pogreške
- optimizacija radnog procesa u hematološkom laboratoriju
- smanjenje opterećenja laboratorijskog osoblja



Automatizirane metode – koja je bolja?





Bilješka laboratorija
molimo SE