

Lab#4  
220 BCH

# Hemolysing Agents & Detection of Blood

# Objective

1. Study the effect of different tonicity solutions on RBCs.
2. To detect the presence of blood in a sample.

# Blood Hemolysis

- **Hemolysis**, (from the Greek Hemo: meaning blood, - lysis, meaning to break open)
- It is the breaking open of red blood cells and the release of hemoglobin and the red cell contents into the surrounding fluid (plasma)
- Hemolysis may occur **in vivo** or **in vitro**.

# Hemolysis in Vivo

- Conditions that can cause hemolysis include :

- Immune reactions ‘
- Infections ‘
- Medications .
- Toxins and poisons.

# Hemolysis in vitro,

- Placing RBCs in a hypotonic solution.
- Improper technique during blood collection (eg. incorrect needle size)
- pH imbalance (addition acid or base).

- In this lab blood hemolysis will be done by using hypotonic solutions and pH imbalance.

## When blood Hemolysis should be done?

Breaking down RBCs to release their content is often necessary for biochemistry,

- For Estimation of hemoglobin.
- To obtain erythrocyte-free preparation of leukocyte and platelet.

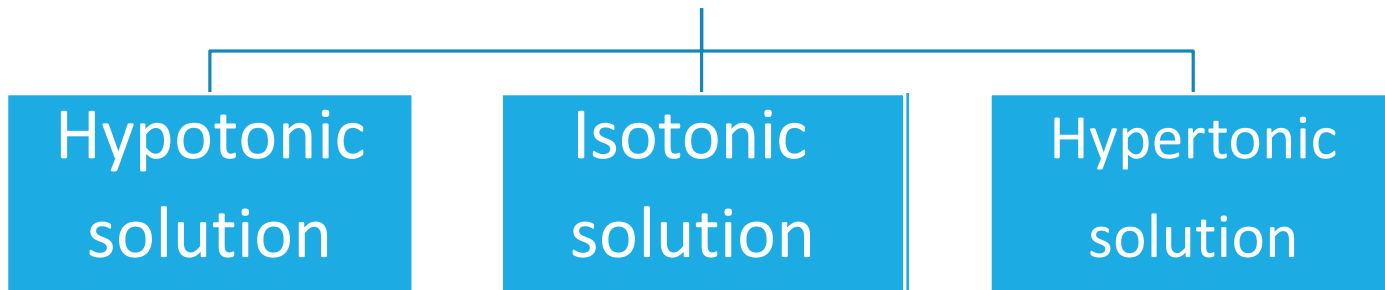
# Osmosis and Osmotic Pressure

**Osmosis:** It is the diffusion of water across a selectivity preamble membrane into a region of higher solute concentration. Once an equilibrium is reached the flow of water stops.(to equalize the solute concentrations on the both sides).

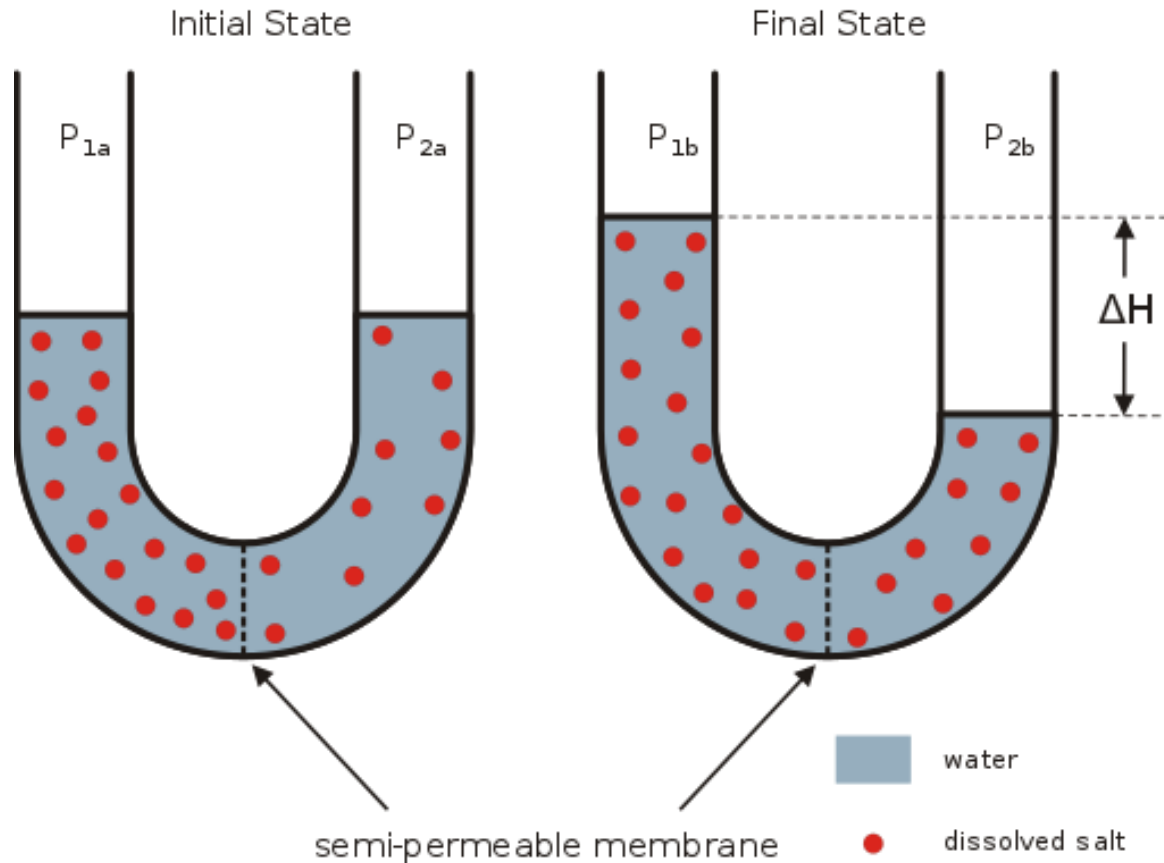
**Osmotic pressure:** Diffusion of water across a membrane – osmosis – generates a pressure called osmotic pressure.

**Tonicity:** the concentration of a solution as compared to another solution.

**There are three main classifications of tonicity:**



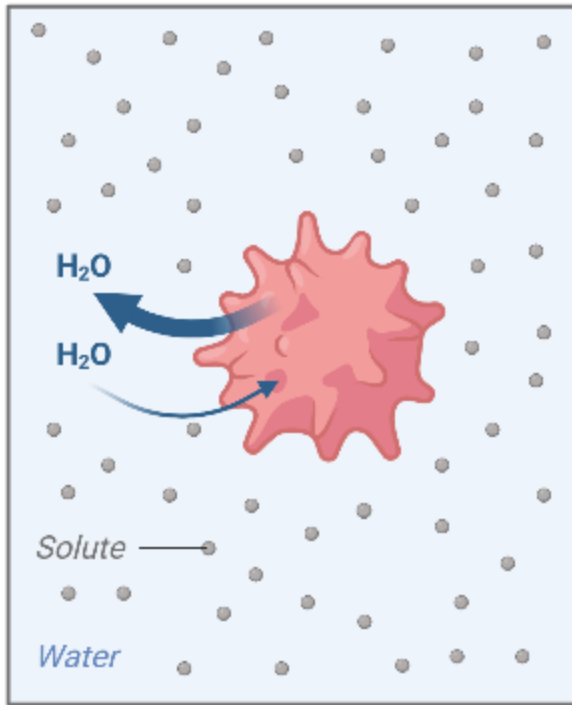
## Water passing through a semi-permeable membrane



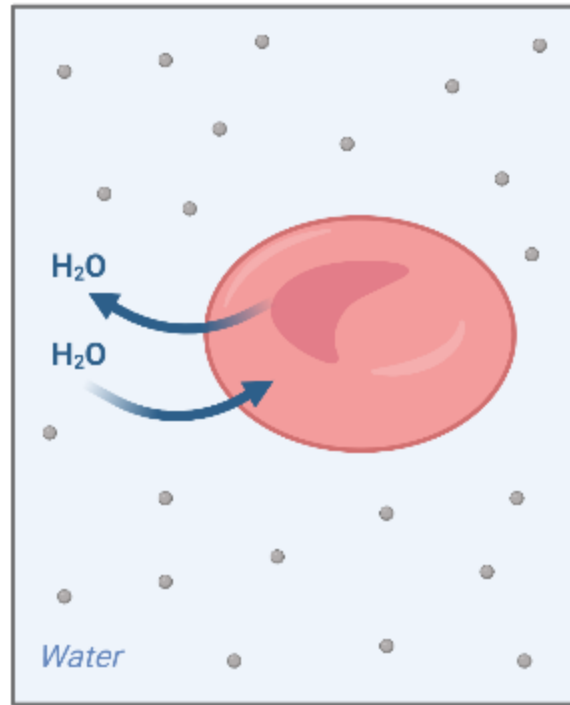


# Osmoregulation in Red Blood Cells

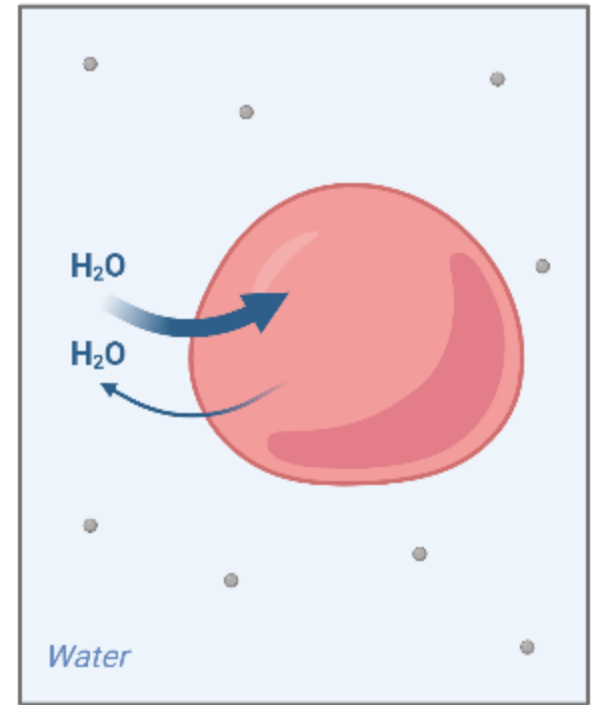
**Hypertonic solution:  
shriveled cell**



**Isotonic solution:  
normal cell**

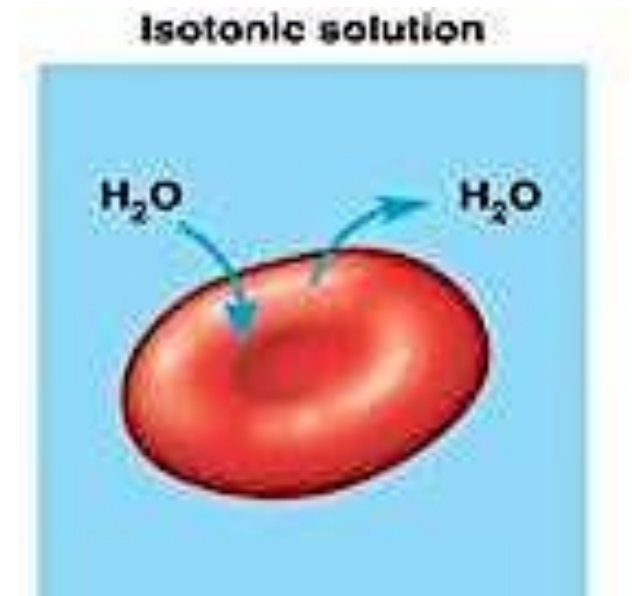


**Hypotonic solution:  
swollen cell**



# Cell in Isotonic solution

- in this solution, same solute concentration inside and outside the cell. Nothing will affect the cell.
- Example of Isotonic solution is **sodium chloride 0.9%**, have the same osmotic pressure as serum and they do not affect the membranes of the RBCs.
- In hospitals, intravenous fluids are isotonic.

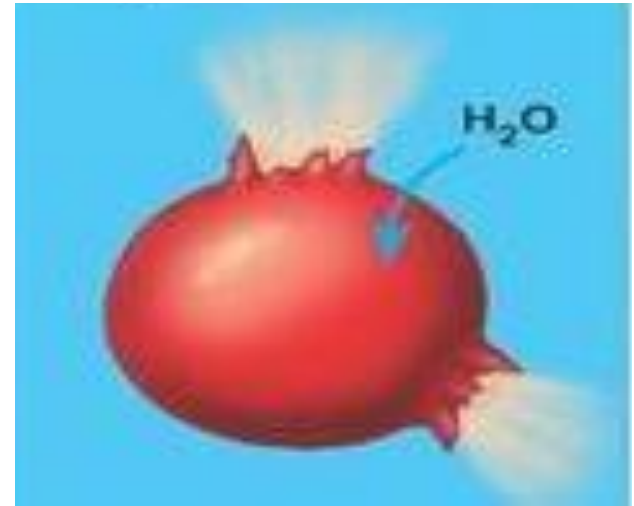


**Solute inside the cell = Solute outside the cell**

# Cell in Hypotonic solution

- In a hypotonic solution, there is a lower concentration of solute outside a cell, than in the inside, causing the flow of water molecules to inside the cell leading to its burst.

- The RBCs will burst or hemolyzed.



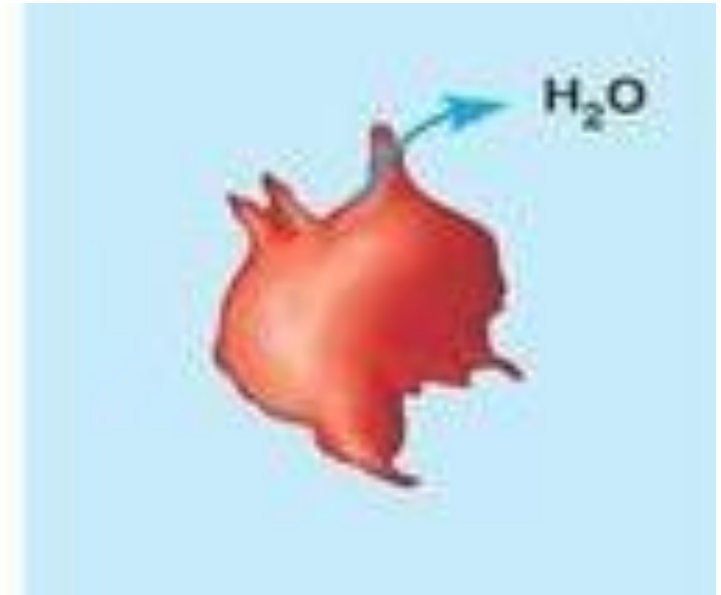
- Any concentration of NaCl that is **lower than 0.9%**, will be considered hypotonic for cells.

**Solute inside the cell > Solute outside the cell**

# Cell in Hypertonic solution

In a hypertonic solution, there is a higher concentration of solute outside a cell, than in the inside, causing the flow of water molecules to outside of the cell leading to its shrink.

- The RBCs will shrink.



- Any concentration of NaCl that is higher than 0.9%, will be considered hypertonic for cells

**Solute inside the cell < Solute outside the cell**

## How to calculate the concentration of an isotonic solution of a specific substance:

For example, you want to know the concentration of NaCl that will make an isotonic solution.

Knowing the osmolarity of RBC = 0.308 Osmolar

**First: calculation of Molarity [M] of NaCl, which will give the isotonic solution:**

**Osmolarity of the blood = [M] x no. of dissociation partials**

dissociation partials of NaCl  $\rightarrow$  Na<sup>+</sup> + Cl<sup>-</sup> (no. of dissociation particles=2) so,

$$0.308 = M \times 2 \rightarrow$$

$$M = 0.154 \text{ M}$$

Second: calculation of the weight of NaCl in grams needed to prepare the isotonic solution in 100 ml total volume (because you want it as %), after determine the no. of moles.

A. Finding the no. of moles:

$$[M] = \text{mole} / \text{Volume in L}$$

$$\text{No. of moles} = 0.154 \times 0.1$$

$$\text{No. of moles} = 0.0154 \text{ moles}$$

B. Weight (Wt) of NaCl in grams :

$$\text{No. of moles} = \text{Wt in g} / \text{molecular weight}$$

$$\text{Wt in g} = 0.0154 \text{ moles} \times 58.5 = 0.9 \text{ g}$$

So, 0.9 g of NaCl dissolved in 100 ml total volume  
Is what will make an isotonic solution.

### Method:

Into six dry clean test tubes (A, B, C, D, E, F), add 1 drop of blood sample, after adding the following to each tube:

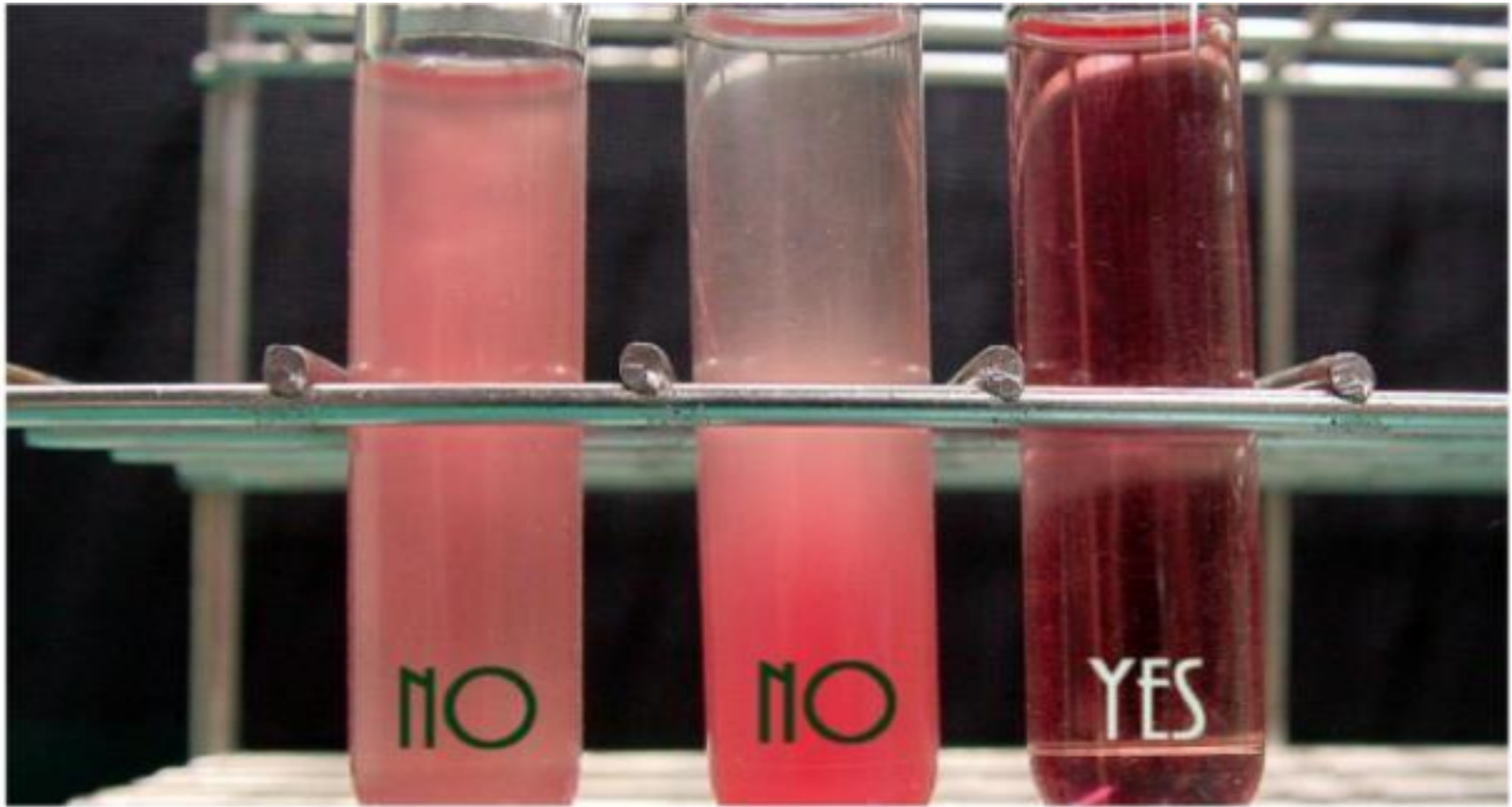
	Tube A	Tube B	Tube C	Tube D	Tube E	Tube F
NaCl 0.45%	5ml					
NaCl 1.2%		5ml				
Sucrose 6%			5ml			
NaOH 0.1M (5 ml 0.9% saline +3 drops of base)				5ml		
HCl 0.1M (5 ml 0.9% saline +3 drops of acid)					5ml	
Dis.H <sub>2</sub> O						5ml

Wait 10 min and observe wither hemolysis has taken place or not.

### Results:

	A	B	C	D	E	F
Observation (Transparent or Opaque)						
conclusion						

# RESULTS



Note that the hemolyzed sample is transparent, because there are no cells to scatter light.




## Detection of blood by benzidine test:

It is often necessary to detect the presence of small quantities of blood in urine.

### Principle

This method depends on the fact that the haem group of haemoglobin possesses a peroxidase-like activity which catalyses the breakdown of hydrogen peroxide ( $H_2O_2$ ).

The oxidising species formed in this reaction can then react with benzidine giving  blue greenish color

**However**, the test is not specific for blood as peroxidases present in milk, potatoes and pus, as well as the ions of  $Fe^{+3}$ ,  $Cu^{+2}$  and  $K^{+1}$  will give false positive results

# Results

- if the test is negative, blood is absent.

But

- if the test is positive, blood is probably, not definitely present.

→ For this reason the tests are often described as  
*"presumptive tests"*.