

8. MACROCYTOSIS (MCV>98fL)

8.1 SCOPE

Isolated macrocytosis is a very common FBC abnormality. In the absence of anaemia there are usually **no clinical implications.**

It is often a spurious finding due to sample storage time (particularly a long warm courier journey)

8.2 ASSESSMENT

It is however important to consider and exclude potentially reversible causes:

- Liver disease
- Alcohol misuse
- Vitamin B12 or folate deficiency
- Drug effect
- Hypothyroidism
- Pregnancy
- Rare: haemolysis, myeloma, myelodysplasia

8.3 INVESTIGATIONS

- Take a good medication and alcohol history
- Consider a panel of blood tests to include: FBC, reticulocytes, LFT, B12, folate, TSH, immunoglobulin quantitation
- If patient not anaemic, and no abnormalities found on initial blood screen:
We recommend no further investigation or management.

If there are clinical concerns or mild associated blood test abnormalities:

We recommend either **repeat FBC in 6 months** to monitor the trend (if stable no further investigation as above), or a routine request for further advice via advice and guidance.

We **do not recommend** patient referral to our service