metotrexate. Evoluiu com melhora clínica e alta para seguimento ambulatorial. **Discussão:** O diagnóstico diferencial entre as várias causas de pancitopenia constitui um desafio na prática clínica. Em pacientes com AR, o diagnóstico de neutropenia autoimune, como parte da Síndrome de Felty, somente pode ser firmado após a exclusão de outras causas de neutropenia. Esta compreende a tríade de AR, neutropenia e esplenomegalia. Ocorre em menos de 1% dos pacientes com AR. Em casos selecionados, a revisão rigorosa do quadro clínico, obedecendo aos critérios diagnósticos de cada doença, evita maiores iatrogenias e atraso diagnóstico adicional, como neste caso em que a hipótese inicial foi considerada devido sua gravidade, mas sua pronta revisão levou à conduta mais pertinente. **Conclusão:** o caso em questão ilustra a importância dos diagnósticos diferenciais de pancitopenia, da anamnese minuciosa e da atenção à qualidade dos dados e exames vindos com o encaminhamento inicial, além de um abrangente conhecimento clínico por parte do internista e do hematologista.

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ANTI-HNA-3 ANTIBODIES IN KIDNEY TRANSPLANT REJECTION: IS IT AN IMMUNOLOGICAL RISK FACTOR?

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Introduction: Human neutrophil antigens 3 (HNA-3a and HNA-3b) are located on choline transporter protein 2 (CTL2) and expressed on neutrophils, lungs, kidneys and other human tissues. Alloantibodies directed against these antigens are formed from allogeneic exposure and are mainly associated with transfusion-related acute lung injury (TRALI) and immune neutropenias, however due to the presence of this antigen in renal tissue and the doubt that HNA-3 alloimmunization may also be involved in cases of kidney transplant rejection, the study of the frequency of anti-HNA-3 antibodies in this context becomes a focus of great clinical relevance. **Objective:** Investigate the presence of anti-HNA-3 antibodies in the serum of patients who had kidney transplant rejection. **Materials and methods:** A total of 604 patients with kidney transplant rejection were included in the study. The Granulocyte Agglutination Test (GAT) was performed as a screening test in all individuals included in the present study with a panel of granulocytes from at least three individuals previously genotyped for all HNA systems. Positive samples in GAT were tested using the microsphere-based technique (LABSCreen Multi kit, One Lambda); we analyzed the normalized background values ≥ 10 and immunofluorescence ≥ 1000 as a positive result for HNA-3 antibodies. HNA-3 genotyping by PCR-RFLP was performed only in individuals who had a positive result in serological techniques. **Results:** We detected 85/604 (14.1%) positive samples in GAT and 11/85 positive samples in both GAT and LSM multi for anti-HNA antibodies. Regarding the specificity of these 11 samples, 6 (54.5%) individuals presented an anti-HNA-3b antibody confirmed by genotyping (HNA- 3a/HNA-3a). In addition to the anti-HNA-3b antibodies, other specificities of anti-HNA antibodies were also identified: 1/11 (9.1%) anti-HNA-1a, 2/11 (18.2%) anti-HNA-1b, 1/11 (9.1%) anti-HNA-FCγRIIIb and 1/11 (9.1%) anti-HNA-2. Furthermore, 14/85 (16.5%) individuals had anti-HLA antibodies detected by LSM multi: 8/14 (57.1%) class I, 3/14 (21.4%) class II and 3/14 (21.4) class I and II. No patient presented simultaneously anti-HNA and HLA antibodies. **Conclusion:** Our data show that HNA-3b alloimmunization is significantly high in patients who rejected kidney transplantation compared to healthy blood donors (1.0% vs. 0.2% respectively, $p = 0.05$). These findings indicate that the detection of anti-HNA-3b antibodies may allow a better understanding of patients' immune response against renal allograft when no HLA antibody is identified supporting evidence of immunological risk.

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DETECTION OF ANTIBODIES AGAINST FC GAMMA RECEPTOR IIIB (FCGRIIIB) USING IMMUNOMAGNETIC NEGATIVE SELECTION FOR NEUTROPHIL ISOLATION

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Introduction: The FcγRIIIb is the most immunogenic glycoprotein of the neutrophil membrane and anti-FcγRIIIb isoantibodies are formed after allogeneic exposure when the individual has a deletion of the glycoprotein and consequently has the human neutrophil antigen-1 *null* (HNA-1 *null*) phenotype, which is uncommon in the population. We report two cases of maternal alloimmunization against fetal FcγRIIIb glycoprotein using immunomagnetic negative selection for neutrophil isolation. **Cases report and methods:** We report two cases of mothers that have deletion of the *FCGR3B gene (FCGR3B*null)*, and consequently the HNA-1-null phenotype. Neutropenia was not detected during hospitalization in both cases, however in a second case there was a considerable reduction in the number of neutrophils on the third day of the neonate's life. The isolation of neutrophils used to perform the granulocyte agglutination test (GAT) and granulocyte immunofluorescence test (Flow-GIFT) was tested by EasySep^{TM}Direct Human Neutrophil Isolation Kit (StemCell Technologies, Inc.) and confirmed by Dextran and Ficoll (conventional technique). Furthermore, monoclonal antibody immobilization of granulocyte antigens (MAIGA) and bead-based assay also were performed. In both cases, HNA-1 genotyping of the father, mother and newborn was performed by