**Short Communication** 

## Leukopenia Epidemiology: Subtypes, Symptoms, and Etiology

Yo Osato\*

Department of Medical Sciences, Kumamoto University, Kumamoto, Japan

## DESCRIPTION

Low white blood cell (leukocyte) counts are referred to medically as leukopenia. Leukopenia may, depending on its severity, significantly raise the risk of infections. There are a wide range of potential reasons, such as drugs, infections, autoimmune diseases, cancer, vitamin deficiency, and more. The evaluation starts with a full blood count but may also involve additional tests. If the condition is minor, all that may be required of person is cautious attention to lower person risk of infection. Growth factors may be used to promote the formation of white blood cells as a kind of treatment, along with medicines that target the underlying causes of leukopenia.

Understanding the many types of white blood cells is crucial for understanding the potential side effects and causes of leukopenia, as some diseases may affect specific white blood cells but not others. Additionally, due to a typical manufacturing pathway in the bone marrow, some causes of leukopenia may result in low levels of red blood cells (anaemia) and/or platelets (thrombocytopenia) [1].

The medical word for a decrease in all blood cell types, including red blood cells (erythrocytes), platelets (thrombocytes), and white blood cells is pancytopenia (leukocytes). Ultimately, a pluripotent stem cell in the bone marrow is the source of all blood cell types. These cells undergo a process of differentiation known as hematopoiesis in order to finally develop into each distinct kind of blood cell that circulates. Granulocytes and agranulocytes are two separate subtypes of white blood cells that differentiate differently [2].

By virtue of how they appear under a microscope, the white blood cells known as granulocytes develop from a progenitor cell along the myeloid cell line. The most numerous white blood cells in the bone marrow are produced during this process, and they include, Neutrophils are white blood cells that are person main line of defence against bacteria and other pathogens, and they are frequently thought to be the most significant factor in relation to a low white blood cell count. Polymorphonuclear cells, also known as PMNs, are another name for neutrophils.

Much fewer in number, basophils assist in the body's defence against bacteria, internal parasites, and foreign parasites (such as ticks).

These cells are crucial in protecting our bodies from internal parasites and are best recognised for being the type of white blood cell that is frequently raised in patients with allergies (such as worms). The "trash trucks" of the immune system are frequently referred to as monocytes, which arise from monoblasts. They only stay in the bloodstream for a few days after leaving the bone marrow before migrating into tissues and changing into macrophages. These cells use a process known as phagocytosis to remove waste (essentially eating the debris) [3].

A lymphoid cell line allows agranulocytes to diverge from a common progenitor cell (lymphoblast). These cells divide to form: In a mechanism known as cell-mediated immunity, T cells kill bacteria, viruses, and cancer cells directly. Cytotoxic T cells, helper T cells, memory T cells, and natural killer T cells are just a few examples of the many diverse types of T cells that exist and each serve a particular purpose. In the process of eliminating virus-infected cells from the body, cytotoxic T cells, also known as CD8+ cells, are crucial.

Humoral immunity is a separate type of protection against microbes that involves B lymphocytes. In addition to developing into plasma cells that make antibodies, B cells can also transmit antigens (a marker of something aberrant in the body) to T cells. B cells play a crucial function in "remembering" a foreign bacterium or other pathogen for the future in this way [4].

Although with severe leukopenia, nonspecific symptoms or weariness and feeling unwell are frequently present, the signs and symptoms of leukopenia are mostly the symptoms associated to infections that may arise. Frequent infections, persistent infections, an overall feeling of being unwell, and inflammation or ulcers in or near the mouth are all potential leukopenia warning symptoms.

- Headache or stiff neck
- Sore throat
- Fever, chills, and/or night sweats

Correspondence to: Yo Osato, Department of Medical Sciences, Kumamoto University, Kumamoto, Japan, Email: yoosato@gmail.com

Received: 02-Jun-2022, Manuscript No. JBDT-22-17469; Editor assigned: 06-Jun-2022, Pre QC No. JBDT-22-17469 (PQ); Reviewed: 20-Jun-2022, QC No. JBDT-22-17469; Revised: 30-Jun-2022, Manuscript No. JBDT-22-17469 (R); Published: 07-Jul-2022, DOI: 10.4172/2155-9864.22.13.509.

Citation: Osato Y (2022 Leukopenia Epidemiology: Subtypes, Symptoms, and Etiology. J Blood Disord Transfus.13:509.

Copyright: © 2022 Osato Y. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Numerous illnesses might cause a low white blood cell count, but the first step is to determine whether there is actually a drop in the number of white blood cells. Whether the number is alarming or not, even if it is low (in comparison to the lab's reference range). People with African, Middle Eastern, or West Indian ancestry frequently have apparent neutropenia due to these decreased white blood cell levels. Despite having a white blood cell count that is below normal, individuals with benign ethnic neutropenia do not have an elevated risk of infection [5].

## CONCLUSION

White blood cell count that appears low but is actually normal is known as leukopenia. Pseudoleukopenia may develop as a result of modifications made to the lab specimen after it has been drawn (*in vitro*), such as cell clumping in response to cold. When white blood cells first enter tissues to fight an illness or when they momentarily exhaust themselves battling an infection

before more can be released from the bone marrow, the phenomenon may also take place.

## REFERENCES

- Broun GO, Herbig FK, Hamilton JR. Leukopenia in Negroes. N Engl J Med. 1966;275(25):1410–1413.
- Baehner RL, Johnston RB. Monocyte function in children with neutropenia and chronic infections. Blood. 1972;40(1):31–41.
- Deinard AS, Page AR. A study of steroid-induced granulocytosis in a patient with chronic benign neutropenia of childhood. Br J Haematol. 1974;28(3):333–345.
- Dale DC, Fauci AS, Guerry DV, Wolff SM. Comparison of agents producing a neutrophilic leukocytosis in man. Hydrocortisone, prednisone, endotoxin, and etiocholanolone. J Clin Invest. 1975;56(4):808–813.
- Emerson PM, Wilkinson JH. Lactate dehydrogenase in the diagnosis and assessment of response to treatment of megaloblastic anaemia. Br J Haematol. 1966;12(6):678–688.