

Differential white blood cell count (Differential leukocyte count)

Physiological values of leukocyte count: $3,5-10 \times 10^9/L$ blood

Neutrophil granulocytes

Physiological values: $2-7,0 \times 10^9/l$ (40-70%)

Increased number - neutrophilia: bacterial infections, trauma, scorch, bleeding, inflammations, infarction, polymyalgia, myeloproliferative disorders, reaction to certain medications (e.g. corticosteroids). Significantly increased in leukemia, disseminated malignant diseases and complicated childhood infections.

Decreased number - neutropenia: viral infections, brucellosis, typhoid, Kala-azar, TBC, sepsis, lupus erythematosus, rheumatoid arthritis, avitaminosis B12 in bone marrow disorders. Medications like carbamazepine or sulphonamides can decrease a number of neutrophils.

Band neutrophils (stab neutrophils) cells are younger forms of cells presented with kidney-shape, curved nucleus and not segmented, lobar nucleus. Usually they are representing 3-5% of leukocytes. Increased value indicates a higher demand and expenditure of neutrophils, and is called "left shift" (referring to ratio of immature to mature forms of neutrophils).

Lymphocytes

Physiological values: $1-3 \times 10^9/l$ (20-40%).

Increased number - lymphocytosis: viral infections (EBV-Epstein Barr virus, CMV-cytomegalovirus, rubella), toxoplasmosis, pertussis, brucellosis, chronic lymphatic leukemia.

Decreased number - lymphopenia: corticosteroid treatment, lupus erythematosus, uremia, legionella disease, AIDS, bone marrow infiltration (tumor), after chemotherapy and radiotherapy.

Subclasses: CD4: 537-1571/mm³ (decreased in HIV infection); CD8: 235-753/mm³; CD4/CD8 ratio: 1.2-3.8.

Eosinophil granulocytes

Physiological values: $0.05-0.5 \times 10^9/l$ (1-6%).

Increased number - eosinophilia: asthma and allergic disease, parasitic infestations, skin diseases (especially pemphigus), urticaria, eczema, malignant diseases (including eosinophilic leukemia), irradiation, Loeffler syndrome, recovery after infections. Hypereosinophilic syndrome can be observed in terminal organ damage (restrictive cardiomyopathy, neuropathy, hepatosplenomegaly), with increased eosinophil number for more than 6 weeks ($>1.5 \times 10^9/l$).

Eosinophilia-myalgia syndrome – muscle pain (myalgia), joint pain (arthralgia), increased body temperature, rash, arm swelling and intense eosinophilia.

Monocytes

Physiological values: $0.3-0.9 \times 10^9/l$ (2-10%).

Increased number - monocytosis: acute and chronic infection (TBC, brucellosis, protozoal infections), malignant diseases (acute myeloid leukemia, Hodgkin lymphoma), myelodysplasia.

Basophil granulocytes

Physiological values: $0.00-0,01 \times 10^9/l$ (0.5-2%).

Increased number - basophilia: viral infections, urticaria, myxedema, after splenectomy, chronic myeloid leukemia, malignant disease, systemic mastocytosis (urticaria pigmentosa), hemolysis, polycythemia vera.