

MANAGEMENT OF FERRIPTIVE ANEMIA

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Abstract.

After an acute bleeding, the body can replace the liquid component of the plasma in 1-3 days, but it persists a decreased concentration of erythrocytes. If the second bleeding is not beginning, the erythrocytes concentration comes, in general, to normal in 3-6 weeks.

In case of some chronic bleeding, the quantity of iron absorbed from the intestine is not enough to assure the formation of the hemoglobin in a rhythm as fast as to compensate its loss. The erythrocytes created in these conditions present much smaller dimensions than the normal ones, and a quantity much smaller of intracellular hemoglobin, this determining the appearance of the hypochromic microcytic anemia.

Key words: hemoglobin, erythrocytes, microcytic, plasma

HISTORY.

The first description of the ferriprive anemia is from the 16th century with the name of "morbus virginum" because is appeared at girls of 14-17 years old. In the 19th century it was recognized the connection between anemia, hypochromia and the deficit of iron. Thus Piere Blaud presented in 1832 the favorable result of the therapy with green copperas and chlorasis.

The deficiency of iron is an affection mostly common in the clinical therapy. It is present all over the world. The groups of population with the highest frequency are:

- a) women with the age of 18-45 and especially pregnant women
- b) children in the period of growing fast.

The balance of the iron in the body is maintained by the report between the absorption and the loss of iron. No matter the cause that leads to the breaking of the equilibrium the compartments of the iron metabolism are felt beginning with the reserves and ending with the utilization.

The beginning of the disease is insidious, predominating symptoms of the anemia: fatigue, cephalalgia, irritability, palpitations, dizziness. Due to the iron deficiency installing in a long period of time its symptoms appear relatively late. The most common symptom and most alarming for the patient is the fatigability.

OBJECTIVES.

Presenting the curative and preventive plan of the ferriptive anemia, approached in the wards of Hematology of the Gavril Curteanu municipal hospital Oradea.

The determination of the effect of the medicine treatment applied.

MATERIAL AND METHODS.

The biological material evaluated for the accomplishing of the proposed objectives consisted of a number of 150 patients with the diagnosis of ferriptive anemia, admitted in the ward of Hematology of the Gavril Curteanu municipal hospital Oradea.

The period of the research: 01.01.2008-31.12.2012.

The materials for the study were the medical history of the patients, submitted at the archive of the hospitals, respectively the computer data of the two units.

The processing of the data was made with the help of the program Microsoft Office Excel 2003.

The representation of the results was made with the help of graphics.

RESULTS.

THE CONSERVATIVE TREATMENT OF THE FERRIPTIVE ANEMIA.

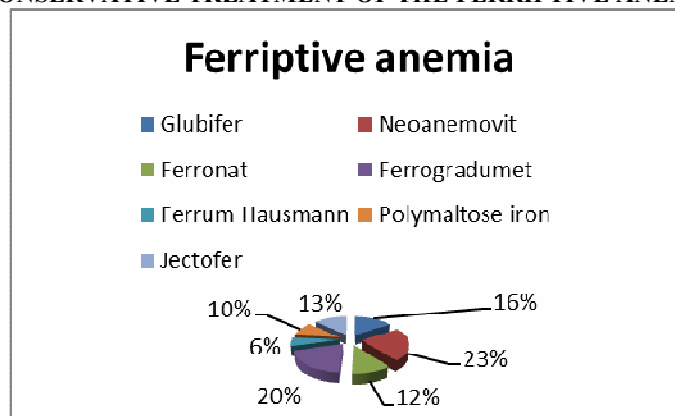


Figure no.1. *Distribution of the cases depending on the pharmacology treatment.*

DISCUSSIONS.

The statistic data, underline the fact that at 85-90% of the ill persons it can be seen the cause of the anemia; 10-15% of theme are in the remission phase after a certain disease (bleeding gastric duodenal ulcer etc.) and 1-2% remain without a specified cause. They are kept in the inventory and are followed periodically, in order to establish afterwards the cause that lead to the ferriptive anemia.

CONCLUSIONS.

The objectives of the ferriptive anemia are the discovery and treating the cause that lead to the disequilibrium of the ferriptive balance.

The iron deficiency is always secondary, the symptom of another disease.

The statistical data, underline the cause of the anemia 15% of them are in the remission phase after a certain disease and 20% remain without a specific cause.

The treatment of the anemia is made with products that contain iron and in some cases, with blood transfusions.

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