CLINICAL MANIFESTATIONS IN THE FERRIPTIVE ANEMIA

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Abstract

The anemia is characterized by a deficit of hemoglobin in the blood, that can be determined by the existence of a small number of erythrocytes or a reduced quantity of hemoglobin at the level of these cells.

Key words: haematocrit, hemoglobin, blood, erythrocytes, anemia.

HISTORY.

In the first week of the embryonic life, the erythropoiesis takes place in the vitelline sack.

In the second semester of the pregnancy, the liver is the main organ responsible for the forming of erythrocytes, a significant number is formed in the spleen and in the lymphatic ganglions.

Afterwards, in the last month of pregnancy and after the birth, the erythrocytes are produced exclusively in the bone marrow. [8,9]

Until the age of 5, the erythrocytes are formed in the marrow of all the bones.

After the age of 20, the marrow of the long bones is loaded with lipids and doesn’t produce erythrocytes, except in the proximal regions of the humerus and tibia. Beginning with this age most of the erythrocytes continue to be formed only in the marrow of the bones with membranous calcification, as are the vertebrae, the stern, the ribs and the iliac bones. Even in these bones the medullary production of erythrocytes decreases together with ageing.

The main function of erythrocytes (red corpuscles) is that to transport the hemoglobin (is inside the erythrocytes), which in its turn transports the oxygen from the lungs to the tissues.
CLINICAL MANIFESTATIONS.

OBJECTIVES.

Determining from the symptoms point of view the frequency and of the moment when the ferriptive anemia is diagnosed.

MATERIAL AND METHODS.

The group study accomplished had the same material mentioned at the epidemiologic study.

RESULTS.

CLINICAL MANIFESTATIONS.

Table no. 1

<table>
<thead>
<tr>
<th>Clinical manifestations</th>
<th>Ferriptive anemia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
</tr>
<tr>
<td>Asthenia</td>
<td>70</td>
</tr>
<tr>
<td>Cephalalgia</td>
<td>30</td>
</tr>
<tr>
<td>Anginal pain</td>
<td>20</td>
</tr>
<tr>
<td>Tachycardia</td>
<td>17</td>
</tr>
<tr>
<td>Parestesia</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>149</td>
</tr>
</tbody>
</table>

The asthenia was the most frequent symptom, met at 47% of the patients, followed by cephalalgia (20%). We had 20 cases of anginal pain (14%), followed by tachycardia 17 (11%) cases and parestesia, 12 cases (8%).
DISCUSSIONS.

The study of the symptomatology of the case of ferritive anemia from the Municipal Hospital Oradea determined the fact that, in case of the clinical manifestation we observed that the most frequent symptom was the asthenia, present at 47% of the patients, followed by cephalalgia (20%).

The angina pain is the predominant symptom after the cephalalgia, followed by tachycardia and parestesias. Statistically it results also that these symptoms are factors of risk essential in the evolution and prognosis of the ferritive anemia in long term.

V. Păunescu et.al observes the fact that the main symptom that is found in the clinical picture of the patients with ferritive anemia is the asthenia, followed by cephalalgia.

CONCLUSIONS.

The classic symptoms present at the majority of the patients with ferritive anemia include: asthenia, cephalalgia, anginal pain, tachycardia and parestesias.

BIBLIOGRAPHY

6. Laborator Synevo. Specific references to the work technology used. 2010. Ref Type: Catalogue.