

ETIOLOGY OF THE FERRIPTIVE ANEMIA

Popovici Raluca*, Bei Mariana**

University of Oradea, Faculty of Environmental Protection, Gen.Magheru st., no.26, 410048, Oradea,
e-mail: rugeraluca@yahoo.com

University of Oradea, Faculty of Environmental Protection, Gen.Magheru st., no.26, 410048, Oradea,
e-mail: domocosmaria@yahoo.com

Abstract

The total quantity of erythrocytes from the circulatory system is controlled so that it can be integrated in a strict interval, in order to: 1) be always available a sufficient number of erythrocytes to assure the adequate transport of the oxygen from the lungs to the tissues; 2) the number of cells would not be too large so that it would stop the sanguine flux.

Key words: tissues, circulatory system, erythroblast, microcytic, hemoglobin.

INTRODUCTION

The first description of the ferripriva anemia is from the 16th century with the name of "morbus virginum" because it 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 Pierre Bland presented in 1832 the favorable result of the therapy with green copperas and chlorosis.

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 evaluation of the etiologic factors that lead to the appearance of the ferriptive anemia.

MATERIAL AND METHODS.

We performed a retrospective study for the accomplishing of the proposed objectives.

The period of the study was of 5 years (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 obtained data were interpreted statistically on the basis of determination and calculation of some series of coefficients. 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 and tables.

RESULTS AND DISCUSSIONS

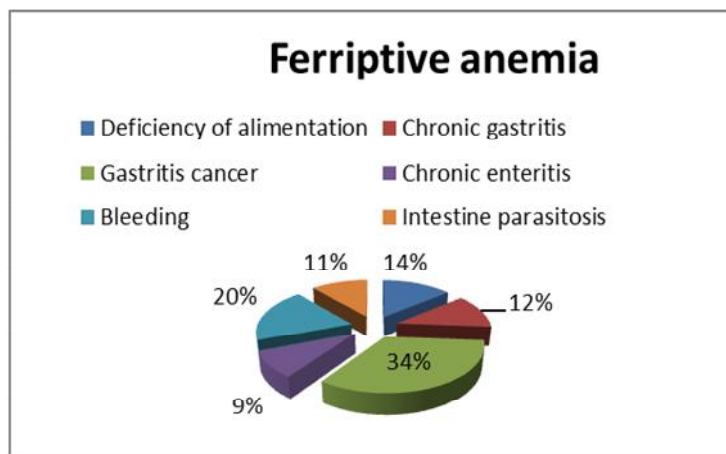


Figure no.1. Distribution of the cases depending on etiology.

The ferriptive anemia is a disorder which has numerous causes and an obscure pathogenesis. The most episodes of ferriptive anemia are associated with gastritis cancer. Other causes of ferriptive anemia are the deficiencies of alimentation.

In a prospective study from Europe, was followed the etiology of the ferriptive anemia. The study included 1068 patients from five European countries which were admitted in hospitals for ferriptive anemia since January 1990 until December 1994. The data for each patient were collected on a standard form. From the 1068 patients (692 men, women 376, the average age, 52 years; interval, 10-95 years), 589 men had ferriptive anemia and 340 woemn presented ferriptive anemia. The most frequent etiology factors were the gastritis cancer (38%) and bleeding (41%).

The study underlined the fact that in Germany predominated the ferriptive anemia of bleeding, followed by the gastritis cancer. In Hungary,

it was observed the increased presence of ferriptive anemia of gastritis etiology compared to the bleeding, aspect characteristic alsto to France, where the ferriptive anemia of gastritis etiology had a prevalence of 38% compared to 25% for the bleeding. In Greece and Italy, there was a clear predominance of ferriptive anemia of bleeding etiology compared to the gastritis cancer (72% compared to 6 % and 60 compared to 13%, respectively).

In the personal analyses of the statistic data registered at the Gavril Curteanu clinical hospital Oradea, it is obvious that the ferriptive anemia with etiology of gastritis cancer (38%), followed by that with bleeding etiology (22%).

CONCLUSIONS.

Most of the cases of ferriptive anemia had a gastritis etiology (38%), followed by that of bleeding (22%), and then by that of deficiency of alimentation (16%).

REFERENCES

1. **Frances Fischbach**. Blood Studies: Hematology and Coagulation. In *A Manual of Laboratory and Diagnostic Tests*. Lippincott, Williams & Wilkins, USA, 8 Ed., 2009, 121-123.
2. **Jacques Wallach**. Hematologic affections. In *Interpretation of the diagnosis tests*. Medical Sciences publishing house, Romania, 7 Ed., 2001; 475.
3. **Laborator Synevo**. Specific references to the work technology used. 2010. Ref Type: Catalogue.
4. **Lothar Thomas**. Transferrin Saturation. In *Clinical Laboratory Diagnostics-Use and Assessment of Clinical Laboratory Results*. TH-Books Verlagsgesellschaft mbH, Frankfurt /Main, Germany, 1 Ed., 1998, 275-277.
5. **Thomas L**. Blood Cell Differential Count. In *Clinical Laboratory Diagnostics*, First Edition, Frankfurt/Main, 1998, 509-517.
6. **DeMott W**, Tilzer L. Hematology. In *Laboratory Test Handbook*, 3rd Edition, Hudson (Cleveland), 1994, 517-618.
7. **Fischbach F**, Dunning M. Blood Studies: Hematology and Coagulation. In *A Manual of Laboratory and Diagnostic Tests*, Philadelphia, 2004, 38-161.
8. **Laborator Synevo**. Specific references to the work technology used. 2010. Ref Type: Catalogue.
9. **Perkins S**. Examination of the Blood and Bone Marrow. In *Wintrobe's Clinical Hematology*, Philadelphia, 2004, 3-21.
10. **Shafer J**, Canadian Society of Laboratory Technologist Congress, Winnipeg, Manitoba, June 16 to 20, 1996, Workshop Manual, 1, 37-40, 43-44, 53, 55-60, 67-71, 79-82.
12. **Skubitz K**. Qualitative Disorders of Leukocytes. In *Wintrobe's Clinical Hematology*, Philadelphia, 2004, 1801-1813.

13. **Thomas L.** Hematopoiesis. In *Clinical Laboratory Diagnostics*, First Edition, Frankfurt/Main, 1998, 463-469.
14. **Wallach J.** Hematologic affections. In *Interpretation of the diagnosis tests*. Ed VII, Translated by Ionescu R, Dragomir M, Medical Sciences publishing house, Buc., 458, 462-464.
15. http://pid.nci.nih.gov/browse_pathways.shtml#NCI-Nature