



A Retrospective Case Study Of Incidence And Etiology Of Anemias At Asram,Eluru.

KEYWORDS

Anemia, Iron deficiency anemia, Megaloblastic anemia.

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ABSTRACT Prevalance Of Anemia Is High In India Especially In Females.our Study Aims At Identifying Different Etiologies Of Anemia, Rendering Proper Diagnosis And Better Early Treatment Of Patients.in Our Study Of 100 Cases Of Anemia, Iron Deficiency Anemia Is Most Common Accounting For 34% Cases With Female Preponderance

SAMPLE SIZE : 100 cases of inpatients admitted with anemia in the year 2015 were selected at random.

The present study is a retrospective study of 100 cases of anemia .These were selected at random among the total number of inpatients admitted with anemia in medical wards at ASRAM,ELURU.

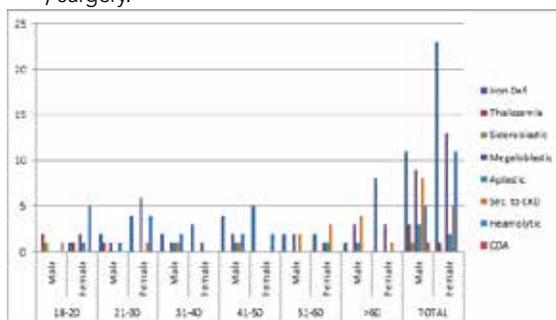
In this study age,sex,aetiology of anemia were included. (aetiology confirmed by biochemical and pathological reports)

INCLUSION CRITERIA

1. Age between 18-70 years
- 2.Pateints with Hb% less than 11gm% .

EXCLUSION CRITERIA

1. Age more than 70 years
2. Age less than 18 years
3. Anemia secondary to massive blood loss due to trauma , surgery.



DISCUSSION :

In our study of 100 cases of anemia were selected at random among the total inpatient cases admitted in ASRAM during 2015.

As per the statistics incidence of microcytic hypochromic anemia is more common among other anemias and is more common in age group of 41-50.^[1,2]

Incidence of iron deficiency anemia is about 34%, more common in age group of 41-50.incidence is more among females.^[1,2]

Incidence of thalassemia is 4%, more among the age group of 18-20 with male preponderance^[5]

Macrocytic anemia stood second in incidence(22%). More common among the age agroup above 60.incidence is more in females. ^[3,4]

Normocytic normochromic anemia incidence is 18%, more among the age group of 51-60, with female preponderance.

Incidence of aplastic anemia is 5%,incidence is more among elderly males.^[6]

Incidence of anemia secondary to chronic kidney disease is about 13%,with male preponderance.

Incidence of other hemolytic anemias is around 16% with female preponderance.^[7,8]

Incidence of congenital dyserythropoietic anemia is 1%.

CONCLUSION:

The prevalance of anemia is high in Eluru, especially more common in females.Iron deficiency is most common accounting for 34%. Second most common being Megaloblastic accounting for 22%. Both of these being secondary to nutritional deficiencies and worm infestations. Measures like food supplementation with iron fortified salts, B12 and deworming makes it necessary especially in women of child bearing age group. Third most common etiology being Normocytic Normochromic anemia secondary to CKD, which is more common in elderly men. Hemolytic anemia is more commonly seen in females around 20 years of age, due to autoimmune etiology. Aplatic anemia is more common in elderly men probably due to exposure to agricultural toxins. One rare case of Congenital dyserythropoietic anemia has been identified.

REFERENCES

1. International Institute for Population Sciences (IIPS) and Macro International. 2007. National Family Health Survey-3 (NFHS-3), 2005-06. India:

Vol. 1. Mumbai: IIPS.

2. International Institute for Population Sciences (IIPS). 2006. Nutrition Status of Children and Prevalence of Anaemia among Children, Adolescent Girls, and Pregnant Women. Mumbai: IIPS.
3. Mukherji M. Cooley's anaemia (erythroblastic or Mediterranean anaemia) Indian J Pediatr.1938;5:1-7.
4. Coelho C. Erythroblastic anemia- Cooley's anemia. Med Bull Bombay. 1939;7:291-3.
5. Camaschella C. Recent advances in the understanding of inherited sideroblastic anaemia. Br J Haematol 2008;143:27-38.
6. Levi M, Toh CH, Thachil J, Watson HG. Guidelines for the diagnosis and management of Aplastic Anaemia, British Committee for Standards in Haematology. Br J Haematol 2009;145:24-33
7. Klemperer MR. Hemolytic anemias: immune defects. In: Miller DR, Baehner RL, McMillan CW, editors. Blood diseases of infancy and childhood. St. Louis: C. V. Mosby Company; 1984. p. 231-61.
8. Shah A (November 2004). "Hemoglobinopathies and other congenital hemolytic anemia". Indian J Med Sci **58** (11): 490-3.*PMID 15567909*