

ANEMIA AND MODERN METHODS OF DIAGNOSIS AND TREATMENT

Aminova N. N. Bukhara State Medical Institute

Annotation

Iron-deficiency anemia is considered common and, despite the vast arsenal of iron substances available, an unresolved problem in pediatric practice. The root cause is often inadequate diagnosis in primary health care, which is actually caused both by impartial problems, for example, and underestimation of the thoroughness of the results of iron deficiency.

Keywords: iron deficiency anemia, diagnostics, ferritin, reticulocyte hemoglobin, soluble transferrin receptors.

Abstract

Iron-deficiency anemia is a common and, despite the available wide range of iron preparations, unsolved problem in pediatric practice. This is often associated with inadequate diagnosis in primary health care, which is due to both objective problems and underestimation of the seriousness of sequels of iron deficiency. T

Keywords: iron deficiency anemia, diagnosis, ferritin, reticulocyte hemoglobin, soluble transferrin receptors.

According to WHO, 1,987,300,000 inhabitants of the planet have anemia, i.e. this is one of the most frequent, if not the most frequent, group of diseases. In some regions of the world, the frequency of IDA ranges from 21 to 80%. Traditionally, the female population suffers from this disease several times more often than the male population. It is known that the direct cause of iron deficiency in the body is the excess of iron losses in comparison with its intake. This is due to the fact that along with such common causes of IDA as various lesions of the gastrointestinal tract (GIT), which are equally common in both men and women, there are a number of physiological and pathological conditions leading to chronic blood loss and iron deficiency, characteristic only for the female body. IDA is a state





Material and Research Methods

We examined 125 women aged 18 to 45 years.

The severity of anemia was determined according to the WHO classification: anemia of mild severity - the concentration of hemoglobin in the blood from 110 to 90 g/l; moderately severe anemia - the concentration of hemoglobin in the blood is from 89 to 70 g / l; severe anemia - the concentration of hemoglobin in the blood is from 69 g / l. An analysis of the anamnestic data of the patients indicated that all women suffered from various infectious diseases in childhood, including childhood infections: measles - 70 (56%), scarlet fever - 18 (14.4%), chicken pox - 59 (47.2%), rubella - 32 (25.6%), mumps - 27 (21.6%); angina - 50 (40%), as well as in 51 (40.8%) patients in history there were indications of the following extragenital diseases: chronic tonsillitis - 25 (20%), pneumonia - 4 (3.2%), gastritis - 43 (34.4%), cholecystitis - 2 (1.6%), cystitis - 6 (4.8%), pyelonephritis - 18 (14.4%), and every second patient had 2-3 extragenital diseases. In addition, 110 (88%) and 119 (95.2%) women, respectively, had indications for influenza and SARS. The average age of menarche is 12.0±1.19 years. The duration of the menstrual cycle in five (4%) patients was 23 days, in 99 (79.2%) - 24-28 days, in 21 (16.8%) - from 29 to 35 days. The average duration of the menstrual cycle is 27.36 ± 3.18 days. Menstrual bleeding in 55 (44%) patients lasted 3-5 days, from 5 to 7 days in 61 (48.8%) and in 9 (7.2%) - more than 7 days. The average duration of menstrual bleeding was 5.31±1.09 days. 116 (92.8%) patients had a history of pregnancy. The majority of women -94 (75.2%) had one to three pregnancies. At the same time, most of the examined patients had a history of childbirth: 50 (44%) had one urgent delivery, 30 (10.2%) had two, and 22 (16, 8%) - three and 14 (13.6%) - four births. Abdominal delivery took place in 31 (24.8%) women, with 9 (7.2%) more than once. Bleeding during pregnancy and childbirth was noted by 22 (17.6%) women. In 62 (49.6%) women, pregnancies ended in medical abortions, which amounted to 1 abortion in 23 (37%), 2 in 18 (29%), 3 in 7 (11.3%), 14 (22) .6%) of patients had a history of spontaneous miscarriage. In anamnesis, 24 (19.2%) women had diseases of the cervix, uterine fibroids - in 12 (9.6%), ovarian cyst - in 9 (7.2%). In the general structure of gynecological morbidity according to the history of dysmenorrhea, premenstrual syndrome (PMS), menorrhagia, irregular menstrual cycle accounted for 51.2%. Analysis of the results of the study made it possible to identify that the cause of iron deficiency in women of reproductive age was a violation of its balance in the direction of the predominance of iron expenditure over intake as a result of chronic diseases, a large number of births and abortions, heavy menstruation, and eating disorders. The prolonged method of oral hormonal contraception is effective: the contraceptive effectiveness of the





method is 100%; Acceptability is determined by a small number (17.6%) of typical COC adverse reactions (headache, mastodynia, nausea, etc.), which occur mainly in the first cycle of administration and subsequently disappear in most patients. Also in our study, it was found that prolonged use of combined oral contraceptives is effective in the management of iron deficiency anemia in women of reproductive age,

Conclusion

In conclusion, it is advisable to note once again that early diagnosis of WDN, their timely and adequate correction with the help of iron preparations will significantly reduce the risk of dysfunction of various organs and systems of a growing organism, which will not only positively affect the state of health, but also improve the quality of his life in in general.

Bibliography

1. Iron deficiency anemia: assessment, prevention and control. A guide for program managers. Geneva: World Health Organization, 2001. 114 p.

2. Korovina N. A., Zaplatnikov A. L., Zakharova I. N. Iron deficiency in children: textbook. allowance. K.: BEST-V, 1997. 33 p. [Korovina NA, Zaplatnikov AL, Zakharova IN Zhelezodefitsitnyye sostoyaniya u detej: ucheb. positive. K.: BEST-V, 1997. 33 s. (in Russian)].

3. Kazyukova T.V., Samsygina G.A., Levina A.A. et al. Iron deficiency in children: problems and solutions // Pediatrics. 2002. No. 1. P.17–19 [Kazyukova TV, Samsygina GA, Levina AA i dr. Defitsit zheleza u detej: problemy i resheniya // Pediatriya. 2002. No. 1. S.17–19 (in Russian)].

4. Zakharova I. N., Korovina N. A., Malova N. E. Modern aspects of the diagnosis and treatment of iron deficiency in children // Questions of modern pediatrics. 2002. Vol.1. No. 1. P. 60–62 [Zakharova IN, Korovina NA, Malova N. Ye. Sovremennyye aspekty diagnostiki i lecheniya zhelezodefitsitnykh sostoyanij u detej // Voprosy sovremennoj pediatrii. 2002. Vol.1. No. 1. S.60–62 (in Russian)].

5. Tarasova I.S. Development and scientific substantiation of screening for iron deficiency in adolescents: Abstract of the thesis. dis. ... dr. honey. Sciences. M., 2013. 67 p. [Tarasova IS Razrabotka i nauchnoye obosnovaniye skrininga zhelezodefitsitnykh sostoyaniy u podrostkov: avtoref. dis. ... d-ra. med. science. M., 2013. 67 s. (in Russian)].6. Diagnosis and treatment of iron deficiency anemia in children and adolescents: a guide for doctors / ed. A. G. Rumyantseva, I. N. Zakharova. M., 2015. 75 p. [Diagnostika i lecheniye zhelezodefitsitnoj anemii u detej i





podrostkov: posobiye dlya vrachey / pod red. AG Rumyantseva, IN Zakharovoy. M., 2015. 75 s. (in Russian)].

7. Zakharova I. N., Machneva E. B. Treatment and prevention of iron deficiency in children // BC. 2013. No. 14. P. 789–792 [Zakharova IN, Machneva Ye.B. Lecheniye i profilaktika zhelezodefitsitnykh sostoyanij u detej // RMZH. 2013. No. 14. S.789–792 (in Russian)].

8. Osendarp S., Murray-Kolb L., Black M. Case study on iron in mental development - in memory of John Beard (1947–2009) // Nutr. Rev. 2010 Vol. 68 (Suppl. 1). R.48–52.

9. Iron nutrition in health and disease / Ed. L. Hallberg, NG Asp. London: Libbey and Co, 1996.

10. Elliot W., Elliot D. Biochemistry and Molecular Biology. M.: Publishing House of the Research Institute of Biomedical Chemistry of the Russian Academy of Medical Sciences, 2000. P. 311–321 [Elliot V., Elliot D. Biokhimiya i molekulyarnaya biologiya. M.: Izd-vo NII Biomeditsinskoy khimii RAMN, 2000. S.311–321 (in Russian)].

11. Lozoff B., Jimenez E., Hagen J. et al. Poorer behavioral and developmental outcome more than 10 years after treatment for iron deficiency in infancy // Pediatrics. 2000 Vol. 105. R. E51.

12. Lozoff B., Jimenez E., Smith JB Double burden of iron deficiency in infancy and low socioeconomic status: a longitudinal analysis of cognitive test scores to age 19 years // Arch. Pediatr. Adolesc. Med. 2006 Vol. 160(11). P.1108–1113.

