



OCCURRENCE AND CYTOLOGICAL DIAGNOSTICS OF MICROCYTIC HYPOCHROMIC IRON-DEFICIENCY ANEMIA

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Summary

The most common (80–95% of all anemias) in therapeutic practice is chronic iron deficiency anemia (IDA) - a painful condition caused by impaired hemoglobin synthesis due to iron deficiency. The condition is observed in 10-30% of the adult population, more often in women. Children get sick less often than adults [D.I. Trukhan, S.N. Filimonov, N.V. Bagisheva, 2021]. Microcytic hypochromic iron deficiency anemia was detected in 4,000 out of 45,000 patients who underwent a complete blood count in the laboratory of the Bukhara branch of the RRCEM for 1 year.

Keywords: iron deficiency anemia, hypochromic anemia, cytology, microcytic anemia.

ВСТРЕЧАЕМОСТЬ И ЦИТОЛОГИЧЕСКАЯ ДИАГНОСТИКА МИКРОЦИТАРНОЙ ГИПОХРОМНОЙ ЖЕЛЕЗОДЕФИЦИТНОЙ АНЕМИИ

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Резюме

Наиболее часто (80–95% всех анемий) в терапевтической практике встречается хроническая железодефицитная анемия (ЖДА) – болезненное состояние, обусловленное нарушением синтеза гемоглобина вследствие дефицита железа. Состояние наблюдают у 10–30% взрослого населения, чаще у женщин. Дети заболевают реже взрослых [Д.И. Трухан, С.Н. Филимонов, Н.В. Багишева, 2021]. Микроцитарная гипохромная железодефицитная анемия была выявлена у 4000 из 45 000 больных, которым был проведен общий анализ крови в лаборатории Бухарского филиала РНЦЭМП в течение 1 года.



Ключевые слова: железодефицитная анемия, гипохромная анемия, цитология, микроцитарная анемия.

MIKROTSITAR GIPOXROM TEMIR TASHQISHLIGI KAMQONLIGINING UCHRASHI VA SITOLOGIK TASHXISI.

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Annotatsiya

Terapevtik amaliyotda eng keng tarqalgan (barcha anemiyalarning 80-95%) surunkali temir tanqisligi anemiyasi (IDA) - temir tanqisligi tufayli gemoglobin sintezining buzilishi natijasida yuzaga keladigan og'riqli holat. Vaziyat kattalar aholisining 10-30 foizida, ko'pincha ayollarda kuzatiladi. Bolalar kattalarga qaraganda kamroq kasal bo'lishadi [D.I. Truxan, S.N. Filimonov, N.V. Bagisheva, 2021]. RSHTYOIM Buxoro filiali laboratoriyasida 1 yil davomida umumiy qon tahlilidan o'tkazilgan 45000 nafar bemorning 4000 nafarida mikrotsitar gipoxrom temir tanqisligi anemiyasi aniqlandi.

Kalit so'zlar: temir tanqisligi anemiyasi, gipoxrom anemiya, sitologiya, mikrositar anemiya.

Relevance

Anemia is a condition characterized by a decrease in hemoglobin in the blood (< 130 g/l for men and < 120 g/l for women) and, in most cases, a decrease in the concentration of red blood cells. Currently, widespread anemia is noted throughout the world. According to the World Health Organization, about 1.8 billion people on Earth suffer from anemia of varying severity. A wide variety of factors underlying the development of anemia makes the problem of their differential diagnosis very important [O.A. Kurilyak, 2019].

So, at the first stage, the laboratory should analyze the sample on a hematological analyzer. When detecting a decrease in hemoglobin, it is necessary first of all to determine the nature of anemia: hypo-, normo- or hyperchromic. The criterion is the value of MCH, reflecting, as you know, the average content of hemoglobin in the erythrocyte.

Hypochromic anemias are characterized by a low MSI (< 27 pg), they are usually microcytic - the average erythrocyte volume (MCV) does not exceed 80 fl. At the same time, the average concentration of hemoglobin in the erythrocyte (MCHC) remains



within the normal range, i.e. the decrease in hemoglobin is primarily due to the predominance of erythrocytes with a reduced volume in the blood. Another characteristic feature of this type of anemia is the shift of the erythrocyte histogram to the left (to the area of small volumes) and in some cases (for example, at the initial stage of IDA and during the treatment of IDA with iron preparations) - an increase in RDW - an indicator of the width of the distribution of erythrocytes by volume due to anisocytosis erythrocytes. Microcytic-hypochromic are iron deficiency anemia (IDA), anemia in chronic diseases (ACD), anemia associated with a violation of the synthesis of porphyrins, thalassemia.

Hypochromic microcytic anemia

1. Verification of iron deficiency anemia

As mentioned above, if a patient has a hypochromic nature of anemia, IDA should be suspected in the first place (all IDA are hypochromic!). However, the fact of the presence of hypochromic anemia in itself does not exclude other pathogenetic variants of anemia, since not all hypochromic anemias are iron-deficient. For example, hypochromic anemia can occur when hemoglobin synthesis is impaired as a result of a violation of the inclusion of iron in its molecule with a normal or even elevated level of iron in the blood serum (see impaired synthesis of porphyrins). Therefore, for the differential diagnosis of these conditions, it is necessary first of all to conduct a study of the content of iron in the serum. Moreover, this analysis must be performed before prescribing iron medications to patients or carrying out erythrocyte transfusions.

If the level of iron in the blood serum is within the normal range or elevated, anemia associated with a violation of the synthesis of porphyrins or thalassemia should be suspected in the patient, and at the next stage of diagnosis it is advisable to determine the concentration of reticulocytes. The detection of a low level of iron in the blood serum clearly indicates the need to determine other indicators of iron metabolism (OZHSS and ferritin levels) [O.A. Kurilyak, 2019].

Purpose of the Study. The aim of this study is to determine the incidence and cytological diagnosis of microcytic hypochromic iron deficiency anemia.

Research Methods. The material of the study was 45,000 general blood tests carried out in the laboratory of the Bukhara branch of the Republican Scientific Center for Emergency Medicine for 1 year.



Research Results. Microcytic hypochromic iron deficiency anemia was detected in 4,000 out of 45,000 patients who underwent a complete blood count in the laboratory of the Bukhara branch of the RRCEM for 1 year.

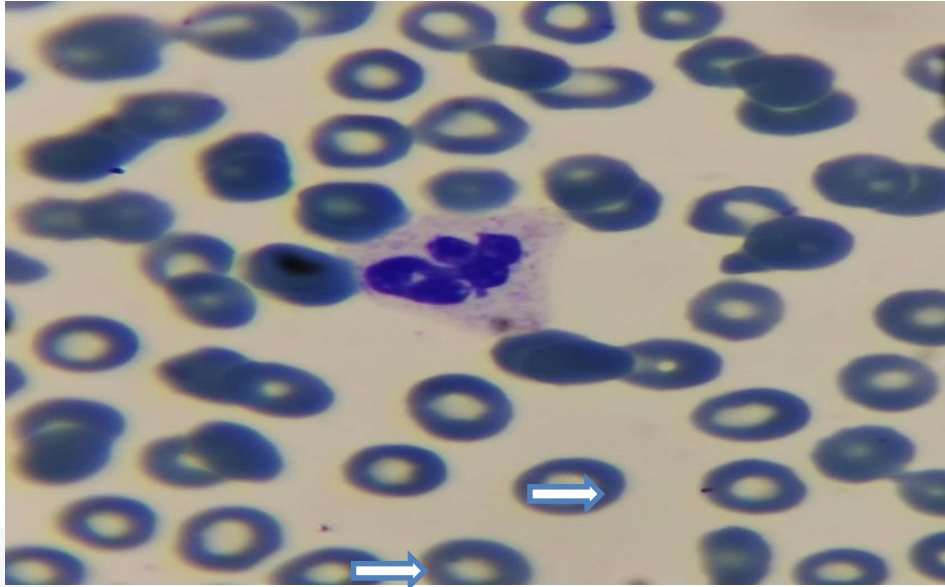


Figure 1. Cytological examination of blood smears.

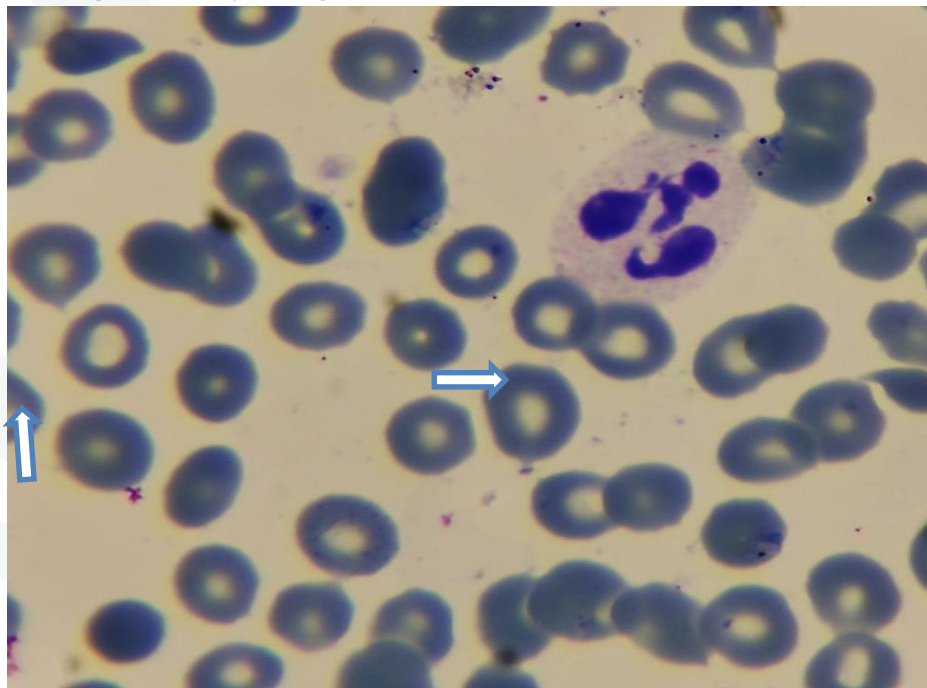


Figure 2. Cytological examination of blood smears.

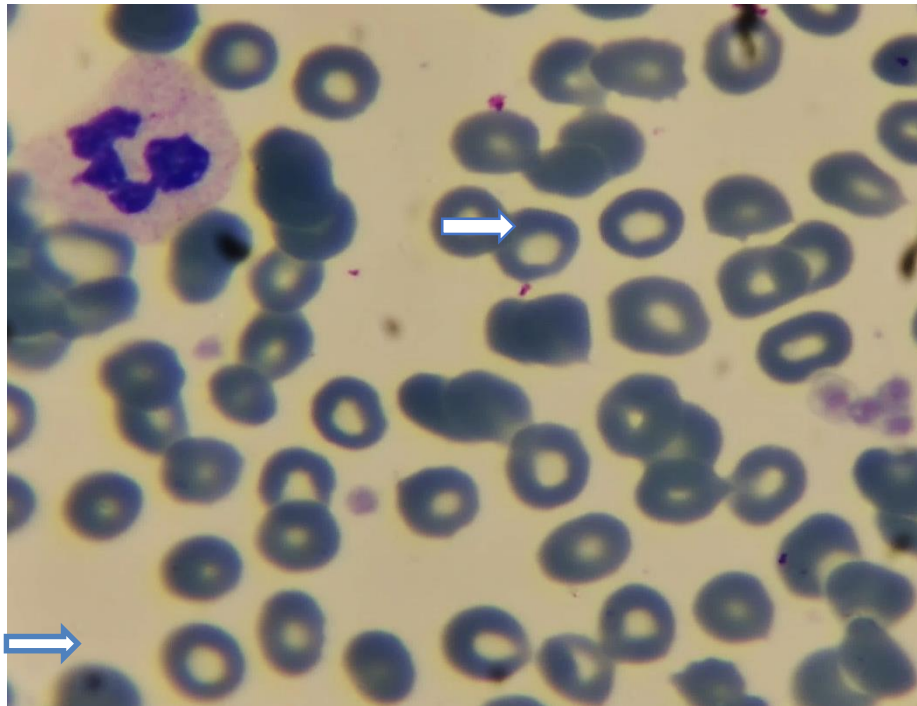


Figure 3. Cytological examination of blood smears.

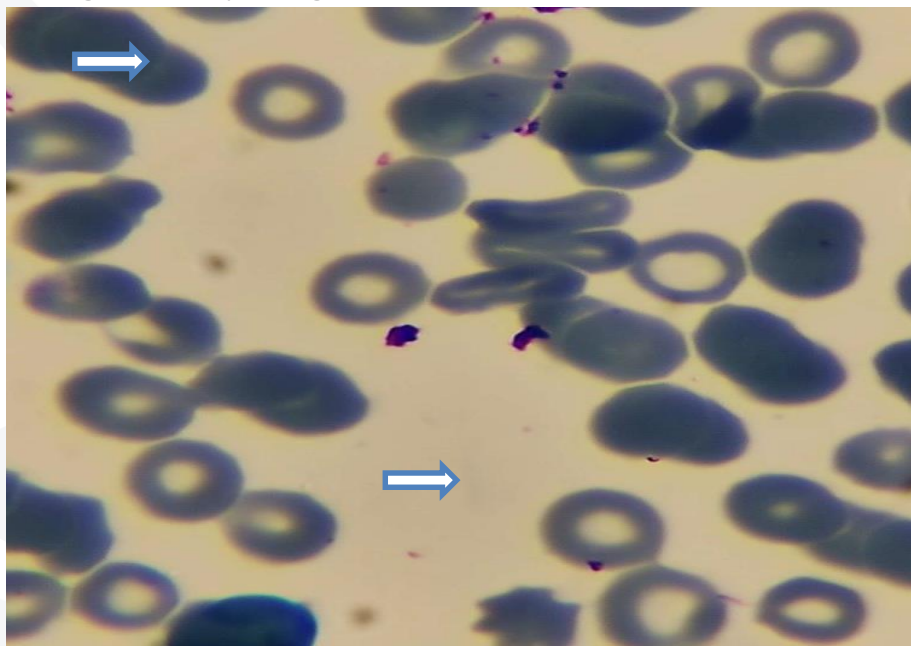


Figure 4. Cytological examination of blood smears.

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