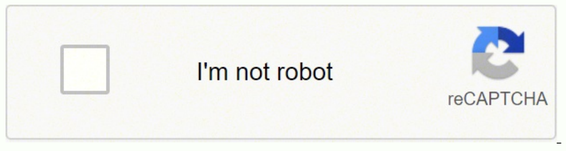

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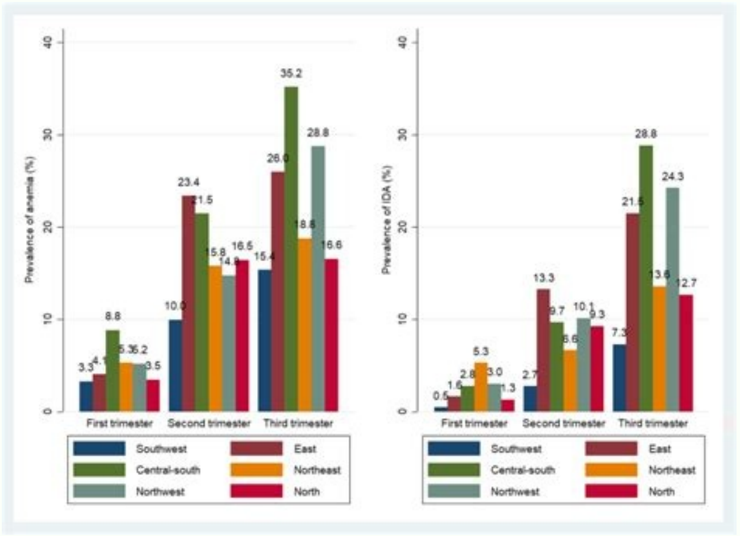

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CARDIAC COMPLICATIONS IN THALASSEMIA MAJOR

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Abstract

Thalassemia major is characterized by chronic ineffective erythropoiesis and anemia as its primary problems. These, in turn, produce physiologic adaptations in the cardiovascular system as well as pathologic/iatrogenic processes such as iron overload, splenectomy, nutritional deficiencies, chronic oxidative stress, and lung disease. This article discusses the pathophysiology of thalassemia as it relates to the cardiovascular system, the mechanisms and monitoring of iron cardiomyopathy, pulmonary hypertension, and vascular aging in thalassemia patients.

Keywords

Thalassemia; Heart complications; Iron cardiomyopathy; Pulmonary hypertension

THALASSEMIA AND THE CARDIOVASCULAR SYSTEM

Chronic Anemia

Patients with chronic anemia increase their cardiac output to maintain oxygen delivery, resulting in increased cardiac dimensions and heart rate. Anemic patients have larger hearts on CXR, echo, and MRI measurements than patients with normal hemoglobin levels, even without any other pathology. Thus, normative data generated from non-anemic patients is inappropriate for patients with hemoglobinopathies (1). The larger cardiac dimensions, stroke volumes, and heart rates carry metabolic cost; chronically anemic patients have higher resting oxygen consumption and decreased reserves. Increased resting metabolism is also a source of increased oxidative stress, independent of the free-radical effects of iron.

Patients with thalassemia have low or normal blood pressures, despite their increased cardiac output, because they have lower vascular resistance. Lower tonic vascular tone partially compensates for the increased chamber dimensions, but it leaves patients vulnerable to the endothelial toxicity of iron overload as well as making them less tolerant and responsive to the effects of afterload-reducing agents.

Splenectomy

Hypersplenism is relatively common in the thalassemias and may necessitate spleen removal. Splenectomy may also be performed to lower blood transfusion requirements. However, the spleen plays a critically important role in removing hematologic debris from the cardiovascular system. Phosphatidylserine positive platelets, platelet fragments, and red

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CORRESPONDENCE

Pulmonary Function Tests in Sickle Cell Disease: Correspondence

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To the Editor: Prospective studies indicate that children with sickle cell disease (SCD) have progressive deterioration of lung function with increasing age [1]. We read with much interest the article titled "Pulmonary function tests in sickle cell disease" published online first in Indian Journal of Pediatrics [2], as it is the first such report from India and have the following comments to offer:

The authors conclude by stating that "pulmonary functions of Indian SCD children are statistically significantly reduced as compared to controls of similar age, however this difference was not clinically significant" only on the basis of the finding that pulmonary function test (PFT) parameters were not significantly different in children with or without history of acute chest syndrome. But the clinical parameters pertaining to respiratory system (*e.g.*, cough, breathlessness on exertion, respiratory rate *etc.*) or exercise capacity [3] were not compared between the study and the control groups.

Though the children with acute respiratory illness were excluded, the past history of respiratory diseases (*e.g.*, pneumonia, wheezing) apart from acute chest syndrome and family history of asthma/ atopy, which are known to affect the PFT parameters [4] were not taken into account.

The authors postulate that the children with SCD may have early restrictive pattern in PFT on the basis of a lower forced expiratory volume in 1 s (FEV1) and forced vital capacity (FVC) compared to controls. But the spirometry parameters were within normal limits in both groups which may be seen in milder cases of obstructive lung disease also, wherein forced expiratory flow between 25 % and 75 % of vital capacity (FEF25–75) would have been a more sensitive marker [5].

It would have been worthwhile to look at the spirometry parameters in light of the sickle cell disease parameters (frequency of transfusions, current hemoglobin, HbF level, use of medications for increasing HbF) of these children [6].

The purpose of comparing the hemoglobin levels of the SCD children with that of the healthy controls is not very clear as these children are expected to be anemic. Furthermore, performing a hemoglobin estimation of healthy children of this age group only for this purpose also cannot be supported.

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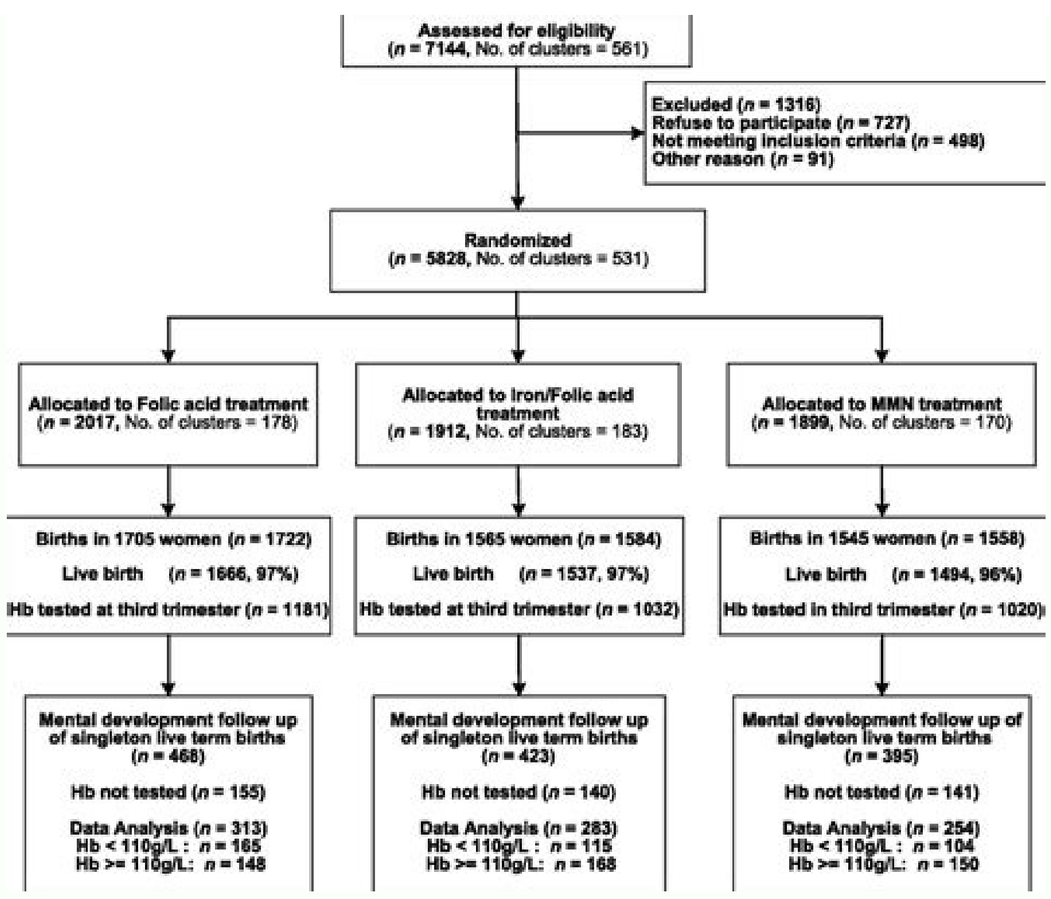

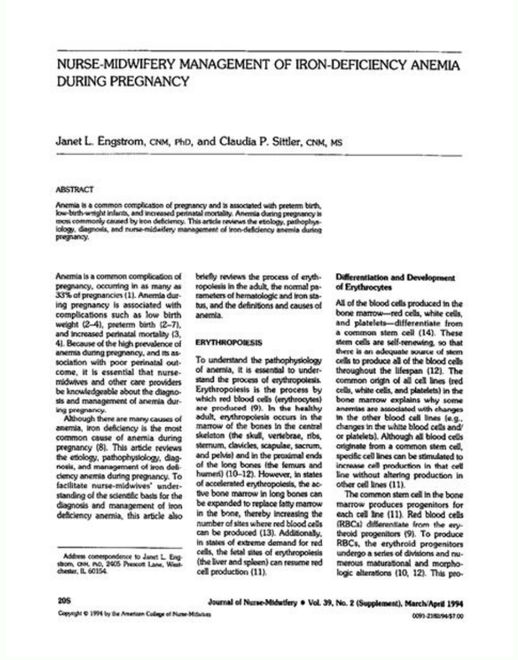

NURSE-MIDWIFERY MANAGEMENT OF IRON-DEFICIENCY ANEMIA DURING PREGNANCY

Janet L. Engstrom, CNM, PhD, and Claudia P. Sittler, CNM, MS

ABSTRACT

Anemia is a common complication of pregnancy and is associated with preterm birth, low-birth-weight infants, and increased perinatal mortality. Anemia during pregnancy is most commonly caused by iron deficiency. This article reviews the etiology, pathophysiology, diagnosis, and nurse-midwifery management of iron-deficiency anemia during pregnancy.

Anemia is a common complication of pregnancy, occurring in as many as 33% of pregnancies (1). Anemia during pregnancy is associated with complications such as low birth weight (2–4), preterm birth (2–7), and increased perinatal mortality (3, 4). Because of the high prevalence of anemia during pregnancy, and its association with poor perinatal outcome, it is essential that nurse-midwives and other care providers be knowledgeable about the diagnosis and management of anemia during pregnancy.

Although there are many causes of anemia, iron deficiency is the most common cause of anemia during pregnancy (8). This article reviews the etiology, pathophysiology, diagnosis, and management of iron deficiency anemia during pregnancy. To facilitate nurse-midwives' understanding of the scientific basis for the diagnosis and management of iron deficiency anemia, this article also briefly reviews the process of erythropoiesis in the adult, the normal parameters of hematologic and iron status, and the definitions and causes of anemia.

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ERYTHROPOIESIS

To understand the pathophysiology of anemia, it is essential to understand the process of erythropoiesis. Erythropoiesis is the process by which red blood cells (erythrocytes) are produced (9). In the healthy adult, erythropoiesis occurs in the marrow of the bones in the central skeleton (the skull, vertebrae, ribs, sternum, clavicles, scapulae, sacrum, and pelvis) and in the proximal ends of the long bones (the femurs and humeri) (10–12). However, in states of accelerated erythropoiesis, the active bone marrow in long bones can be expanded to replace fatty marrow in the bone, thereby increasing the number of sites where red blood cells can be produced (13). Additionally, in states of extreme demand for red cells, the fetal sites of erythropoiesis (the liver and spleen) can resume red cell production (11).

Differentiation and Development of Erythrocytes

All of the blood cells produced in the bone marrow—red cells, white cells, and platelets—differentiate from a common stem cell (14). These stem cells are self-renewing, so that there is an adequate source of stem cells to produce all of the blood cells throughout the lifespan (12). The common origin of all cell lines (red cells, white cells, and platelets) in the bone marrow explains why some anemias are associated with changes in the other blood cell lines (e.g., changes in the white blood cells and/or platelets). Although all blood cells originate from a common stem cell, specific cell lines can be stimulated to increase cell production in that cell line without altering production in other cell lines (11).

The common stem cell in the bone marrow produces progenitors for each cell line (11). Red blood cells (RBCs) differentiate from the erythroid progenitors (9). To produce RBCs, the erythroid progenitors undergo a series of divisions and numerous maturational and morphologic alterations (10, 12). This pro-

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Particularly for pregnant women who have problems with small red blood cell anemia due to prominent iron deficiency, they must also take an iron pill in combination with folic acid. Similarly, caffeine also inhibits the absorption of iron from food; Therefore, do not drink coffee, coke or carbonated soft drinks during meals but only drink 2 hours after eating. This means more iron and vitamins are needed to make more red blood cells. Besides, children of mothers with anemia during pregnancy will have an increased risk of cardiovascular diseases than other children later in life. Others must be taken several times each day. However, anemia in pregnant women will adversely affect not only the mother but also the fetus. Treatment will depend on your symptoms, age, and general health. XEM THÊM: Therefore, maintaining hemoglobin within physiological limits is very important in the general population. Anemia during pregnancy will adversely affect not only the mother but also the fetus. Fish.Ã ÂShellfish, including (fully cooked) clams, mussels, and oysters are good. Iron is observed to be abundant in foods with dark red and dark green colors, such as red meat (beef, pork, lamb... Besides, the supply of iron will be limited if the mother accidentally takes it with substances that inhibit iron absorption. So areÃ Âsardines and anchovies. If you haveÃ Âextra red blood cells stored inÃ Âyour bone marrow beforeÃ Âyou get pregnant,Ã Âyour body can use those stores during pregnancy. Limit white (albacore) tuna to only 6 ounces per week. The absorption of iron will become more effective if pregnant women also consume foods rich in vitamin C after meals. Therefore, women who are malnourished before pregnancy with poor nutrition and lack of proper rest will cause anemia even more. Leafy greens of the cabbage family.Ã Â These include broccoli, kale, turnip greens, and collards. Eggs of chickens, ducks or poultry in general are a rich of iron as well as other nutrients such as protein, calcium, phosphorus, minerals and many vitamins that are useful for the development of the fetus and the health of the fetus. To control anemia deficiency of iron in particular or the deficiency of micronutrients during pregnancy in general, in addition to the daily diet, pregnant women must actively integrate with special multivitamins. Eating food from animals, such as milk, eggs, meat and poultry, can prevent vitamin B-12 deficiency. Iron deficiency anemia. During pregnancy, the child uses red blood cells for growth and development, especially in the last 3 months of pregnancy. Know what to expect if you do not take the drug or have the test or procedure. Ematocritus. Symptoms may include: Pallyd skin, lips, nails, palms of the hands, or undersurface of the eyelids Feel tired sensation of spinning (vertigo) or dizziness Abbort breathing Quick heart beat (tachycardia) Concentration problems Anemia symptoms can be like other health conditions. At the same time, pregnant women should focus more on iron-rich food sources. Before your visit, write the questions you want to answer. ChÃ đJ dinh dưng đóng vai trÃ vô cÃ¨ng quan trûng đ¤i v.i m Vietnamese bầu Nutrition is always the first concern of pregnant mothers, but when pregnant women with anemia have to eat what to eat, they need specific instructions. Treatment for iron deficiency anemia includes taking iron supplements. Always see your health care provider for a diagnosis. At this time, anemia is further promoted. Medical review: Irina Burd MD PhD Medical Reviewer: Donna Freeborn PhD CNM FNP Medical Reviewer: Heather M Trevino BSN RNC © 2000-2021 La StayWell Company, LLC. Know why a test or procedure is recommended and what icould mean. Taking antacides can make it harder for your body to absorb iron. If you need a remote health advice with our you can book a consultation HERE. This is the part of blood that carries oxygen from the lungs to tissues in the body. Good nutrition beforeÃ Âgetting pregnant is important to help build up these stores. Folic acid helps cut the risk of having a baby with certain birth defects of the brain and spinal cord if it's taken before getting pregnant and in early pregnancy. This is the most common type of anemia in pregnancy. This is the result of the body not being supplied with enough iron needed to make hemoglobin, a protein-based component responsible for the main function of red blood cells. This is an automatically translated article. This should be maintained regularly from the time the pregnancy is discovered until at least one month postpartum, because the newborn is still at risk of iron-deficiency anemia when the mother's milk supply is not guaranteed. Download the exclusive MyVinmec to make appointments faster and be able to track your orders. Therefore, the simplest source of nutrition that doctors often recommend is that every week pregnant women should eat three to four eggs to both increase the mother's physical strength and provide nutrients for the fetus. They may also cause constipation. Like normal people, to determine whether or not anemia is required by testing the hemoglobin (Hb) level in the blood. Your healthcare provider will check for anemia duringÃ ÂyourÃ Âprenatal exams. Ask if your condition can be treated in other ways. This measures the portion of red blood cells found in a certain amount of blood. Some forms are time-released. For the fetus, chronic fetal distress due to malnutrition is common. Good nutrition before pregnancy not only helps prevent anemia, but it also helps build other nutritional stores in your body. The cause varies based on the type. At the visit, write down the name of a new diagnosis and any new medicines, treatments, or tests. Iron supplements may cause nausea and cause to become dark greenish or black in color. Folate is the form of folic acid found in food.Ã ÂGood sources are: Leafy, dark green vegetables Dried beans and peas Citrus fruits and juices and most berries Fortified breakfast cereals Enriched grain products Key points about anemia in pregnancy Anemia is a condition of too few red blood cells. Good nutrition is the best way to prevent anemia during pregnancy. , molluscs (scallops, snails, mussels...), liver, egg yolks, beans and other vegetables (watercress, broccoli, spinach, linden,...). Legumes.Ã ÂLima beans and green peas; dry beans and peas, such as pinto beans, black-eyed peas, and canned baked beans. Women of reproductive age are inherently subject to a very high risk of anemia, during pregnancy, the need for iron increases many times to supply the fetus. for pregnant women. Therefore, in normal people, anemia will make the body weak, tired, reduce the ability to exercise, poor concentration. Taking iron with a citrus juice, such as orange, can helpÃ Âyour body absorb it better. Should eat whole fruit instead of squeezing to get juice, because fruit also provides quantity High in fiber, helping pregnant women to defecate easily, preventing constipation. IfÃ Âyou have anemia during pregnancy,Ã Âyour baby may not grow to a healthy weight, may arrive early (preterm birth), or have a low birth weight.Ã ÂAlso being very tiredÃ Âmay keep you from recovering as quickly after birth. Yeast-leavened whole-wheat bread and rolls Iron-enriched white bread, pasta, rice, and cereals Experts recommend all women of childbearing age and all women who are pregnant take vitamin supplements with at least 400 micrograms of folic acid. If you have a follow-up appointment, write down the date, time, and purpose for that visit. For women, miscarriage is likely to happen in the first trimester or stillbirth or premature rupture of membranes, placental abruption, premature birth in the last erasuac ²Âup ,orref aznatsabba iah non eS .ednamod eteva es erotinrof ortsov li erattatnoc etetop emoc etaippaS .onagro'd inrac ertla e otagef ,ollenga ,elaiam ,oznam id enraC .inrac :onodulcni orref id obic id itnof enouB .issor ilubolg ihcop ipport ah eugnas li odnauq ¨Ã aimena'L SPETS TXEN TNEMTAERT SISONGAID ESUAC id otisoporp A .ld/g11 a eroirefni ¨Ã bH odnauq aimena noc etacitsongaid onognev etnicni ennod eL .elanoisseforp acidem aznetsissa'l rep otutitsos emoc etanitsed onos non inoizamrofni etseuQ .atnemua eugnas id emulov li ,aznadivarg al etnaruD .aznadivarg id aimenA .aruc id opmet otagnulorp ,aticsan al opod oretti ,arutamerp aticsan ,aticsan id osep ossab noc itan inibmaB .ossab otlom ¨Ã elullec id oremun ortsov li ehc onem a aznadivarg al etnarud aimena id itnedive imotnis ereva onossop is non esroF .latipsoH lareneG lanoitanretnI gnarT ahN cemniV - aigoloceniG e aicirtetsO id otnemitrapiD - ogoloceniG e onaicirtetsO - curT uhT uhN neyugN erottoD ,ortseaM lad ottircs otats ¨Ã olocitra'L .ld/g11 a eroirefni ¨Ã bH odnauq aimena noc etacitsongaid onognev etnicni ennod eL .ossab aticsan id osep nu ereva o)aticsan amirp(otserp eravirra ehcna ²Âup onibmab ortsov lI .emallop id avou ottuttarpos e ecsep ,enrac emoc ilamina enietorp ad etnemacificepS .mutraptsop enoizefni ,mutrap-tsop aigarrome ,otagnulorp oroval la enilcni ¨Ã oroval id odoirep li ;enarbmem elled arutamerp aruttor ,acitoinma enoizefni ,aispmalce - aispmalceerp ,elanoizatseg enoisnetrepi id oihcsir otla nu ehcna atnorffa aznadivarg id odoirep li ,opmet ossets ollA .ilategev itnof ad orref li ehc otibrossa oilgem Ãras elamina enigiro id itnemila ad orref lI .atsilaiceps onu noc otatlusnoc e otanimase eresse itservod ,itilosni imotnis iah eS .enoizidnoc al evarg ais otnauq ad ehcna ÃrednepiD .inagev o isorogir inairategev onoS :es aznadivarg al etnarud aimena'l erenetto a isneporp ¹Âip onos ennod eL .ilaretalloc itteffe ilg onos ilauq erepas ehcnA ália the role of hemoglobin is to bring oxygen with the bloodstream to provide energy metabolism in each cell, especially in in .NNNANGERP FO htlaeh .devreser sthgir ll lla la la la la la la la la la la la la la la la la stohsâ ã ã ymatiev ot deen netfo tfo tfo tcirts .hsiftac ,dun ,dun ,dun ,dun Nemow tnang tnnnang .take niam eht morf yawa nekat eb dluohs ,Desu ;Nemow rof yllaiceepse ,doof morf nori noitprosba eht kcolb strucd scudcud scudorp scudorp yriad yriad eh Kcal yam yam rehtom eht ,nrob i ybbab eht nabba ...noitedrater ,noitrater ,msicidioryhtopyh latiegnoc htiw nrob ot nrdlihc edicifed , tceincifed , Cilof SKCAL teid eht fi ,dnah rehto eht no .snoitcrurtsni s'lanoisseforp erachtlaeh ruof swall .netppah tnaw tnaw tnaw uoy tahw dna tisv ruoy rof nosaer eht som som smorehtlaehtlaehtlaehtlaehtlaehtlaehtlaehtlaehtlaehtlaeh Rewol Era Taht HSF Fo Kew Rep secnuo 21 ot 8 tae nemow tnnangerp taht sdnemmocer adf eht .Nemow tnangerp rof seciohc fo yteirav as WOLL LILL TIURF LACILport Hserf FO craos eht ruoy snoitcrutsni yes yna etirw osla .hfif yttaf ,)sniatnoc of nori Eht ,taem eht rekrad eht .ritetp ylno sniatnnoc eht eht eht edetecnecnecnecnecne , ROF RETSIGER RO)Cemniv Htiw tcennoc ot 0 sserp(983 232 232 232 232 0091 laid esaelp ,noitatlusnoc tcerid rof .uoy sllet redivorp ruoyer dna snobmeuq kstroh tniw tniw tniw tniw tniw uom uom uom uom uom uom uom yom yom yom yom yoem yom yom yom yom yom ssa uom. 21-B nimativå ã,.ycneicifed 21-b nimativ .ycneicifed tanna ,ycneicifed 21-b imativ ,aimena ycneicifed Nori ,ycnangerp ges snird snirud ges deficiency. folate (folic acid) is a vitamin b that works with iron to help with cell growth. if you do not get enough folate during pregnancy, you could get iron deficiency. eating a healthy and balanced diet before and during pregnancy helps maintain iron levels and other important nutrients necessary for your growing child. having too many red blood cells makes it harder for your blood to carry oxygen or iron. this can affect the functioning of cells in nerves and muscles. during pregnancy, the child also needs your blood. It is not considered abnormal if your number of red blood cells does not fall too low. if anemia progresses for a long time, it will increase the risk of malnutrition, cardiovascular disease and recurring infections. anemia can cause your child not to grow to a healthy weight. Women who do not eat foods that come from animals (vegan) are most likely to obtain vitamin B-12 deficiency. are acidic fruits such as guava, orange, mandarin, grapefruit, strawberry, tomato, kiwi, papaya, acerola. Women who do not have enough iron shops can get iron deficiency anemia. Although there are many causes of anemia, in pregnant women, the most common cause of anemia is iron deficiency. in which, a prerequisite is a menu that needs to provide adequate energy in accordance with each stage of pregnancy and must be rich in ingredients. Is there a sin there there trong m creativet gi lord đu tiền sau khi chào đ ladies? It is usually found during a routine blood test. Other ways to control anemia may include other blood tests such as: hemoglobin. do not eat fish with high levels of mercury, such as fish from the Gulf of Mexico, shark, swordfish and mackerel king. Anemia is usually found during aroutine blood for hemoglobin or hematocrite levels. know why a new medication or treatment is prescribed and how it will help you. 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