

## FEATURES OF IRON DEFICIENCY ANEMIA IN THE BACKGROUND OF GASTROINTESTINAL TRACT DISEASES

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**Annotation:** Anemia is a clinical and hematological syndrome characterized by a below-normal decrease in the concentration of hemoglobin and red blood cells per unit volume of blood.

The development of anemia may be associated with a deficiency of iron in the body (iron deficiency) or vitamin B 12 and folic acid (megoblastic). Anemia can form due to increased destruction of red blood cells (hemolytic) or impaired erythropoiesis (aplastic). The most common anemia is caused by iron deficiency (about 90% of all anemias).

**Key words:** anemia, hemoglobin, deficiency, red blood cells.

Особенности течения железо-дефицитных анемий на фоне заболеваний желудочно-кишечного тракта.

**Аннотация:** Анемия – клинико-гематологический синдром, характеризующийся снижением ниже нормы концентрации гемоглобина и эритроцитов в единице объема крови. Развитие анемии может быть связано с дефицитом железа в организме (железодефицитные) или витамина В 12 и фолиевой кислоты (мегобластные). Анемия может формироваться в связи с повышенным разрушением эритроцитов (гемолитическая) или с нарушением эритропоэза (апластическая). Наиболее часто встречается анемия, обусловленная дефицитом железа (около 90% всех анемий).

**Ключевые слова:** анемия, гемоглобин, дефицит, эритроциты.

Of course, when searching for the cause of anemia, it is first necessary to exclude diseases that create conditions for blood loss, however, iron deficiency, as well as vitamin B 12, may be due to impaired absorption. Absorption of iron occurs in the duodenum and in the initial part of the jejunum and goes through the following stages: capture of divalent iron by the CO cells (villi) of the small intestine and its oxidation to trivalent in the microvilli membrane; transfer of iron to its own membrane, where it is captured by transferrin and quickly passes into the plasma.

Absorption of vitamin B 12 occurs in the ileum with the help of highly specific receptors located on the membrane of the villi of erythrocytes, then intracellular binding of vitamin B 12 to transcobalamin begins.

In this regard, the cause of the development of iron and vitamin B 12 deficiency anemia may be pathology of the small intestine. The most common disease of this organ, especially in childhood, is gluten-sensitive celiac disease (celiac enteropathy, gluten-sensitive celiac disease, GC).

HC is an immune-dependent inflammation characterized by the development of atrophy of the small intestine in individuals with genetically determined hypersensitivity to the plant protein gluten. In adults, just like in children, the clinical picture consists of symptoms of IDA. Ailments of increased fatigue. The severity of anemia depends on the severity of damage to the intestinal epithelium. Most patients have no gastrointestinal symptoms. Osteoporosis may develop due to vitamin D and calcium deficiency, or caugolopathy due to the development of vitamin K deficiency. The basis of treatment for the disease is a gluten-free diet (GFD). The most dangerous grains are wheat, rye, and barley. Safe foods include rice, potatoes, soybeans, and corn. Nutrient deficiencies are also corrected - vitamins A, B, E, K, PP, folic acid, iron.

The second, most common form of atrophic gastritis is associated with long-term exposure to H. Pilori infection. After colonization of the stomach by H. Pilori, chronic inflammation of the mucus is formed. Infiltration by plasma cells, production of anti-inflammatory cytokines, and formation of specific antibodies occurs. In recent years, H. Pilori infection has been considered as a trigger factor in the development of idiopathic anemia

Thus, pathology of the stomach and small intestine may play a role in the formation of iron and vitamin B 12 deficiency anemia, leading to atrophy of the mucous membranes of these organs and leading to impaired absorption of nutrients. Patients with anemia of unspecified etiology or refractory to iron therapy should be evaluated for HC, autoimmune gastritis, and H. Pilori infection. Recognition of the role of H. Pilori infection, autoimmune gastritis and GC in the pathogenesis of iron and cobalamin deficiency may have significant consequences in the development of a diagnostic algorithm for patients with anemia and the possibility of their successful treatment.

To summarize the above, we can say that identifying anemia, as well as establishing its iron deficiency, is usually not difficult in most cases. The most difficult thing may be to establish the cause of iron deficiency, which often requires a lengthy differential diagnostic search, but is a necessary condition for successful treatment and improving the prognosis of the disease. Iron deficiency itself and the anemia caused by it, as a rule, do not threaten the patient's life. The body adapts quite well to the development of iron deficiency. However, diseases that cause the development of IDA, in particular malignant tumors, can be dangerous, threatening health and life. Therefore, regardless of the severity of clinical manifestations and the severity of IDA,

identifying the cause of iron deficiency is a prerequisite for a full examination of the patient.

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