

# Folic Acid Deficiency Has Been Avoided By Giving Patients with Hemolytic Anemia

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## Description

In many populations, intravenous iron is an effective treatment for anemia however, its efficacy in treating burn anemia has not been investigated. Although the level of hemoglobin is used to measure anemia, it is not a diagnosis: An individual patient's type and cause of anemia must be identified for optimal treatment. The types of anemia that respond well to medication are the primary focus of this chapter. Vitamin B12, folic acid, or iron—whichever the patient is deficient in—must be used to treat nutritional anemia. Erythropoietin or agents that stimulate endogenous erythropoietin production can be used to treat anemia caused by chronic renal failure. Rituximab, an anti-CD20 monoclonal antibody, and corticosteroids frequently treat auto-immune hemolytic anemia. The introduction of the monoclonal anti-C5 eculizumab and, more recently, of C3 inhibitors has significantly improved the management of paroxysmal nocturnal hemoglobinuria. hydroxyl urea, primarily through an increase in Hb F, and novel agents that either alter cell adhesion to the endothelium or shift the Hb O<sub>2</sub>-dissociation curve benefit sickle cell anemia.

## Iron Deficiency Is the Most Common Modifiable Cause of Pregnancy- Associated Anemia

During pregnancy, iron deficiency anemia is common and is linked to poor outcomes for the mother and baby. During pregnancy, iron supplementation is recommended, but the best method of delivery is unknown. Low absorption and a high risk of gastrointestinal side effects are associated with oral iron risks. Iron can be directly infused intravenously, but it costs a lot. Currently, the American College of Obstetricians and Gynecologists recommends intravenous iron as a second-line treatment for IDA in pregnant women. The likelihood of a perinatal blood transfusion is increased by this strategy's association with persistent anemia. In the past, Indian women of reproductive age have been prophylactically treated with weekly doses of iron folic acid. A more precise strategy has recently been proposed that employs a screen and treat with IFA strategy for anemic WRA and continues prophylactic IFA treatment for non-anemic WRA. The severity of signs and symptoms in

autoimmune hemolytic anemia depends on the severity of the anemia's development and the patients' underlying comorbid conditions. Preeclampsia, preterm birth, cesarean delivery, and maternal morbidity are all increased with anemia during pregnancy. The majority of FA children have BMF, which can be treated with hematopoietic stem cell transplant successfully. Additionally, blood cancers like leukemia in FA and myelo dysplastic syndrome have been treated with HSCT. HSCT has essentially further developed future in FA people so there are currently a greater number of grown-ups living with FA than youngsters determined to have this condition. Sadly, solid tumor predisposition has been identified as the most significant health issue for FA young adults as a result of this achievement. Squamous cell carcinomas of the head and neck, esophagus, vulva, or anus have a very high lifetime risk for patients. This chance is expanded by earlier HSCT, along with a proceeding with hazard of intense myeloid leukemia. Especially in the oral cavity, synchronic and meta-chronic tumors are distressingly common in FA. In the context of hematologic disorders or cancer, extra medullary hematopoiesis occurs when the bone marrow's activity is insufficient to generate blood cells. She underwent surgical resection after presenting with an expanding adrenal mass. Extra medullary hematopoiesis was discovered by pathology.

## Squamous Cell Carcinomas Have a Very High Lifetime Risk for Patients

Only two cases of adrenal extra medullary hematopoiesis in children have been reported in the literature, and there have been no reports of adrenal extra medullary hematopoiesis in patients with anti-Diego antibodies or congenital dyserythropoietic anemia. One of the most common complications of chronic kidney disease in children is myocardial dysfunction, which is associated with significant morbidity and mortality. Our goal was to determine the relationship between cardiac changes and anemia in children with chronic kidney disease. Elderly patients admitted to the hospital were particularly prone to anemia. Males had a significantly greater impact than females did. In terms of severity, moderate anemia was the most common, and anemia associated with chronic disease was the most common etiology. Other comorbidities,

such as hypertension and diabetes, were as prevalent as anemia. Patients with and without anemia had significantly longer hospital stays, which were inversely correlated with hemoglobin levels; additionally, mortality after one year was significantly higher. Patients with moderate or severe anemia had a higher mortality rate than those with mild anemia. Sickle cell disease is characterized by both episodes of intermittent acute pain and chronic hemolytic anemia. In SCD, anemia not only indicates a decrease in red cell mass and oxygen delivery, but also an ongoing breakdown of red cells and the release of cell-free hemoglobin, both of which contribute to a number of pathophysiological responses and are crucial to the pathogenesis of cumulative multi-organ damage. However,

despite the fact that anemia is clearly linked to a number of negative outcomes; it may also benefit SCD by lowering the risk of potential viscosity-related complications. Clinical drug development for SCD has primarily focused on reducing the number of vaso-occlusive crises as an endpoint up until recently. However, more and more attention is being paid to addressing the role that chronic anemia plays in poor SCD outcomes. In the context of the current therapeutic landscape for anemia in SCD, the purpose of this article is to investigate the intricate pathophysiology and mechanisms of anemia in SCD, as well as the need to strike a balance between the advantages of increasing hemoglobin levels and the potential dangers of doing so.