

Differenzialdiagnose Innere Medizin

Fall 1 - 18.10.2016



Gunnar Heine
UKS

Anämie

Differenzialdiagnostik

Hb < 13 g/dl (M)
Hb < 12 g/dl (F)



Mikrozytär

(MCV < 80 fl)

Normozytär

(MCV 80 – 100 fl)

Makrozytär

(MCV > 100 fl)

Renale Anämie

Vit. B 12 / Folatmangel

Hämolyse

Ethanol / Medikamente

Akute Blutung

Hypothyreose

BM Suppression

Lebererkrankung

Anemia of chronic disease

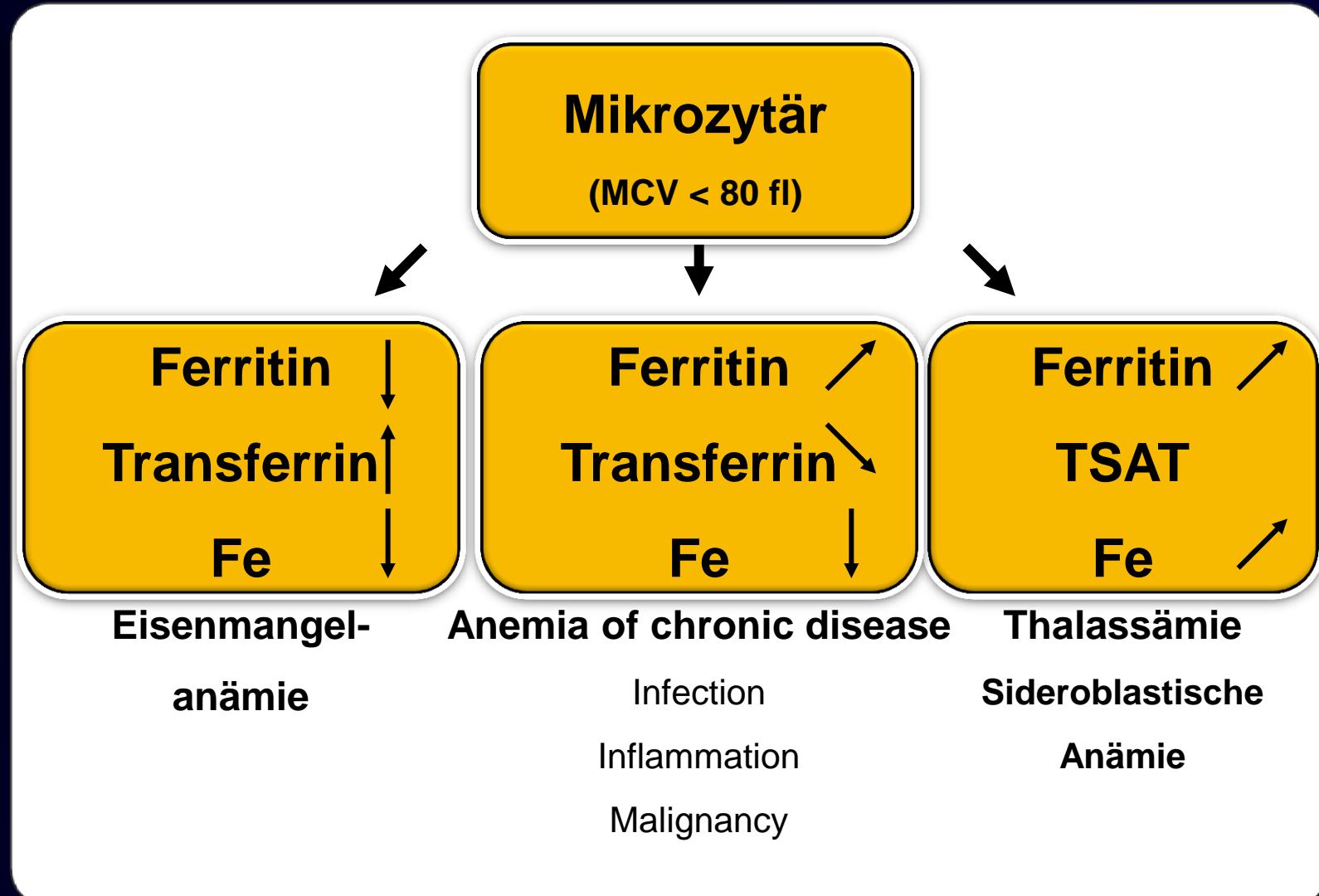
Retikulozytose

Hypothyreose / Hypopituitarismus

MDS / AML

Mikrozytäre Anämie

Differenzialdiagnostik



Eisenmangelanämie

Differenzialdiagnostik

Absorption of heme iron

- + Amount of heme iron, especially in meat
- Content of calcium

Absorption of nonheme iron

Iron status

- + Amount of potentially available nonheme iron
- + Ascorbic acid
- + Meat or fish
- Phytate (in bran, oats, rye fiber)
- Polyphenols (in tea, some vegetables and cereals)
- Dietary calcium
- Soy protein

Diätetische
Zufuhr

Eisenmangelanämie

Differenzialdiagnostik

Overt Bleeding:

Trauma

GI

Hemoptysis

Menorrhagia

Pregnancy / delivery

Hematuria

Eisenmangel- anämie

Blutung

Occult Blood Loss:

Frequent blood donation /

diagnostic blood testing

Lactation

Occult bleeding

Exercise-induced blood loss

Gastrointestinal parasites

Malabsorption

Celiac disease

Atrophic gastritis

Helicobactor

pylori infection

Bariatric surgery

Diätetische Zufuhr

Eisenmangelanämie

BSG Guidelines for the management of iron deficiency anemia

UpTo Date 2016:

How often do you change your sanitary pad / tampon during peak flow days?

How many pads / tampons do you use over a single menstrual period?

Do you need to change the pad / tampon during the night?

How large are any clots that are passed?

Has a medical provider told you that you are anemic?

Women with a normal volume of menstrual blood loss tend to:

Change pads / tampons at ≥ 3 hour intervals

Use fewer than 21 pads / tampons per cycle

Seldom need to change the pad / tampon during the night

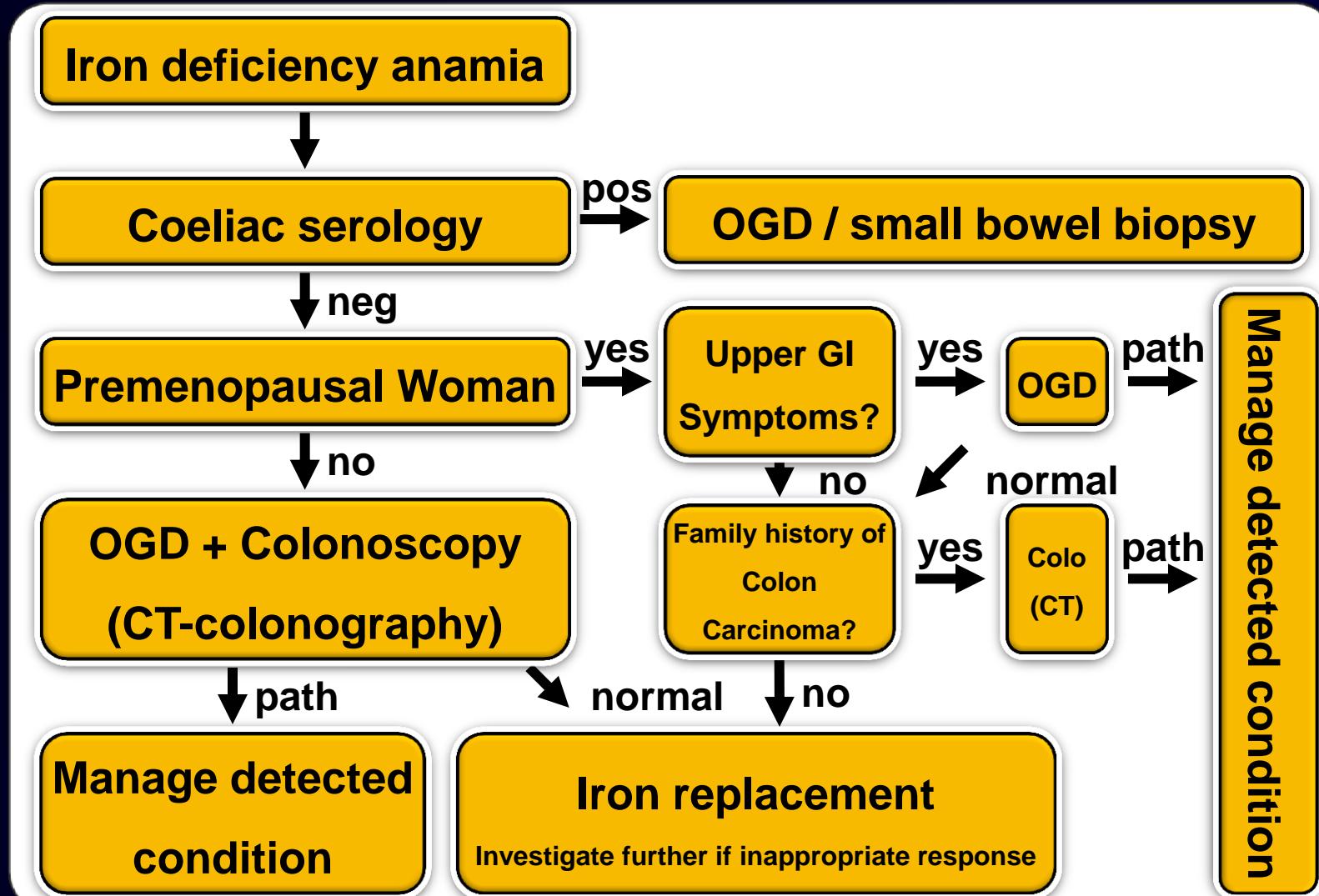
Have clots less than 1 inch in diameter

Not be anemic

Contributor	Prevalence
Occult GI blood loss	
Common	
Aspirin/NSAID use	10–15%
Colonic carcinoma	5–10%
Gastric carcinoma	5%
Benign gastric ulceration	5%
Angiodysplasia	5%
Uncommon	
Oesophagitis	2–4%
Oesophageal carcinoma	1–2%
Gastric antral vascular ectasia	1–2%
Small bowel tumours	1–2%
Cameron ulcer in large hiatus hernia	<1%
Ampullary carcinoma	<1%
Ancylomastia duodenale	<1%
Malabsorption	
Common	
Coeliac disease	4–6%
Gastrectomy	<5%
<i>Helicobacter pylori</i> colonisation	<5%
Uncommon	
Gut resection	<1%
Bacterial overgrowth	<1%
Non-GI blood loss	
Common	
Menstruation	20–30%
Blood donation	5%
Uncommon	
Haematuria	1%
Epistaxis	<1%

Eisenmangelanämie – Diagnost. Abklärung

BSG Guidelines for the management of iron deficiency anemia



Eisenmangelanämie - Therapie

BSG Guidelines for the management of iron deficiency anemia

