A STUDY OF PREVALENCE OF THALASSEMIA TRAIT AMONG YOUNG ADULT PATIENTS WITH MICROCYTIC HYPOCHROMIC ANAEMIA

 $\label{eq:ByDr.RADHIKA ACHARYA_MBBS} \textbf{Dr. RADHIKA ACHARYA}_{\text{MBBS}}$



Dissertation Submitted to the

Rajiv Gandhi University of Health Sciences, Bengaluru, Karnataka In partial fulfillment of the requirements for the award of degree of

DOCTOROFMEDICINE In GENERAL MEDICINE

Under the guidance of

Dr. MOHAN D KASHINKUNTI
PROFESSOR
DEPARTMENT OF GENERAL MEDICINE



DEPARTMENT OF GENERAL MEDICINE SRI DHARMASTHALA MANJUNATHESHWARA COLLEGE OF MEDICAL SCIENCES AND HOSPITAL, DHARWAD 2018-2021

ABSTRACT

INTRODUCTION

Among microcytic hypochromic anemias, the most common disorders are iron deficiency anemia and co-pathological conditions such as α - or β -thalassemia (α - or β -thal) traits.

Thalassemia is a alpha/globin gene disorder that results in a diminished rate of synthesis of one or more of the alpha/globin chains. Thalassemia minor is often an asymptomatic carrier state (a mild clinical phenotype when one normal copy of the alpha/beta globulin gene is present) but exhibit marked microcytosis that can be mistaken for iron deficiency.

About 1.5% of the global population (80 to 90 million people) are carriers of Thalassemia and more than 200 mutations are described in thalassemia, the only effective way to reduce burden of thalassemia is to prevent birth of homozygotes.

OBJECTIVE

To estimate the prevalence of beta thalassemia trait in adult individuals with microcytic hypochromic anaemia and also among antenatal mothers visiting the obstetric department of SDMCMSH.

METHODS

Adult population between 18-40 years who were IPD (department of general medicine and OBG) or attending OPD (department of general medicine and hematology) were included and their blood sample was sent for CBC, iron studies and hemoglobin electrophoresis.

RESULTS

Out of the 100 microcytic hypochromic anemia patients analyzed, 7 patients have beta thalassemia trait . 4 of the 7 are female. Their hemoglobin electrophoresis report showed high

HBA2 value of >3.8. There were no carriers among the pregnant individuals tested. A

regression model was fitted for predicting HBA2 based on values of serum iron, serum ferritin,

and MCV.

CONCLUSION

In conclusion, identification of thalassemia gene mutations in our population is necessary

because of the country's multiracial population. This will prevent unnecessary treatment with

iron supplements in thalassemic patients and also helps in pregnant women to prevent

thalassemia major children.

Molecular genotyping provides a rapid and reliable method for identification of common, and

unknown α - and β -gene mutations, which help to diagnose unexplained microcytosis and thus

prevent unnecessary iron supplementation

We conclude that microcytosis due to thalassemia is common in north Karnataka. This

illustrates the importance of adequate prenatal and laboratory investigation for these

abnormalities.

KEY WORDS

Beta thalassemia trait; Microcytosis; Haemoglobin electrophoresis