

- i contraccettivi orali.

Abbiamo poi dei **farmaci antagonisti dell'acido folico**, come gli antileucemici, antifolici come **Methotresate**, chemioterapici, antimalarici, come la **primaetamina**, e diuretici.

TERAPIA PER L'ANEMIA

Terapia dell'anemia megaloblastica: la terapia si effettua

1. o con **vitamina B12** → prevede **1000-2000 microgrammi die** per bocca, oppure 1 mg al giorno intramuscolo fino a 1-4 volte alla settimana per diverse settimane fino a che le alterazioni ematologiche non vengono corrette, in seguito la somministrazione può essere ridotta a una volta al mese.
2. o con **acido folico** → per bocca varia da **400 a 1000 microgrammi** di acido folico, una compressa al giorno. È importante escludere sempre una carenza di vitamina B12 prima dell'integrazione con folato perché, in caso contrario, è possibile che si mascheri una concomitante carenza di vitamina B12 e questo può portare progressivamente delle complicanze neurologiche.

ANEMIA SIDEROPENICA

Grazie agli esami di laboratorio si può capire di essere di fronte a un paziente con **anemia sideropenica**, quindi, bisogna fare un **prelievo di sangue** per evidenziare la **diminuzione di emoglobina e globuli rossi grossi**, analizzare la variazione del colore dei globuli rossi, **ipo-cromia**, dimensioni piccole, quindi **microcitosi**, grandezze differenti, **anisocitosi** e forme bizzarre **poichilocitosi**. L'entità delle deformazioni morfologiche è **proporzionale alla gravità dell'anemia**. L'altra componente che sarà bassa è la quantità di ferro; quindi, si ha una sideremia bassa che scende intorno ai **5-10 microgrammi/decilitro**, mentre i valori normali di ferro sono fra **50 e 140 microgrammi/decilitro**; in particolare si effettua un controllo della **ferritina**, che dovrebbe diminuire, e della **transferrina**, che invece dovrebbe aumentare. **Il fabbisogno quotidiano di ferro varia nelle varie età della vita**. Nella prima infanzia sono necessari 4-10 mg al giorno e il valore cresce via via negli adolescenti da 10-20 mg al giorno, donne in età fertile, nelle gravide mentre nei maschi adulti e donne in menopausa è pari a 5-10 mg al giorno. Il ferro viene assorbito a livello **duodenale**, è presente nella **carne**, nei **vegetali**, nelle **uova** con una diversa biodisponibilità, per esempio l'apporto del ferro nei vegetali è del 10% circa, nel pesce 15% circa, nelle uova 10% circa, nella carne è il 30% circa.

Ferritina: ferro depositato nel fegato

Transferrina: trasporta il ferro dal fegato al sangue

SINTOMI

I **sintomi da carenza di ferro** sono:

- **Astenia, adinamia**: perdita della forza muscolare, concentrazioni di citocromo inferiori, aumentata suscettibilità alle infezioni per alterazioni funzionali di neutrofili e linfociti, riduzione dei linfociti, compromissioni dell'unità cellulomediata e alterazione della temperatura corporea.
- I **segni a carico della cute** e annessi sono cute pallida, secca e fragile, capelli secchi e fragili, distrofia ungueale, la glossite, stomatite afosa e mucociti.
- I **sintomi a carico di organi ed apparati**
- ✓ I **sintomi del sistema nervoso centrale e periferico** → Facile affaticabilità, cefalea, vertigini, parestesia arti inferiori, turbe psichiche e irritabilità, depressione, diminuzione del visus, paralisi oculomotore, neuropatia periferica.
- ✓ I **segni nell'apparato digerente** → Anoressia, nausea, disagia, disgeusia, la sindrome di plummer-vinson che è una sideropenia con esofagite, glossite e cheilite angolare.
- ✓ I **segni nell'apparato cardiovascolare** → Dispnea da sforzo e a riposo, cardiopalmo, tachicardia, aritmie cardiache, crisi di Angor, ischemia miocardica da discrepanza, scompenso cardiaco, cardiomegalia, angina abdominalis, e la claudicatio intermittens.

VALUTAZIONE DELLO STATO DEL FERRO (STATO MARZIALE)

Ci sono dei valori di riferimento per valutare lo **stato marziale** come:

- La **sideremia** deve essere tra **60 e 170 microgrammi decilitro**.
- La **capacità legante del ferro non saturo nel siero**.
- La **transferrina totale**.
- La **ferritina**.
- Il **recettore solubile della transferrina**, l'acronimo è **sTfR**.

Il **recettore solubile della transferrina** (sTfR) è una glicoproteina prodotta dalle cellule eritropoietiche, circolante nel plasma dove svolge un importante ruolo di reclutamento del ferro, un oligominerale indispensabile per la sintesi dell'**emoglobina** e per la **produzione dei globuli rossi**. È utile nella **diagnosi** di:

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**AA. VV., Gian Franco Gensini, Paolo
Roberti di Sarsina, Mara Tognetti
Bordogna**

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