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We would not overlook the endocrine disorders in anemia

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Introduction: Hematopoiesis is the formation of blood cellular components. The effect of growth factors and hormones (erythropoietin, thyroid and corticosteroid hormones) are important in producing of erythrocytes. The author would thorough the presentation, like to present a panhypopituitarism with hypoproliferative anemia case to point out endocrine disorders in differential diagnosis of anemia.

Case: A 36-year-old man without any significant past medical history presented to the hematology outpatient clinic with generalized weakness for a long time. Further questioning revealed a remote history of head trauma and scalp fracture which was occurred around 5 years ago. Laboratory findings revealed anemia with 7.2 g/dl hemoglobin level and reticulocytopenia. Bone marrow biopsy was performed to evaluate his anemia and 30% of bone marrow cellularity was found. Endocrinology consultation was requested due to abnormal thyroid function test. Patient's panel of anterior hypophysis hormones was detected as the following: FSH=0.572 mIU/ml, LH=0.100 mIU/ml, prolactin=28.26 ng/ml, testosterone=0.025 ng/ml, cortisol=1.97 mcg/dl, GH=0.281 ng/ml, ILGF-1=25 ng/ml, TSH=4.15 uIU/ml, free-T3=1.32 ng/dl, FT4=0.48 ng/dl. Cranial and hypophysis MRI scan was carried out due to panhypopituitarism pre-diagnosis. MRI revealed variation of hypothalamo-hypophysis anatomy and posteriorly located infundibulum. Bilaterally small testes were found during testicular ultrasonography.

Discussion: As a conclusion, it is emphasized that endocrine disorders needs to be considered in diagnosis of anemia since the non-specific symptoms such as weakness, fatigue might be seen in both condition.

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