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Hypervitaminia B12 vitamin in geriatric oncology: Real marker in the diagnosis and prognosis of malignant diseases in the elderly

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Background: No consensus defined what to do before the finding of high vitamin B12. Serious diseases are nevertheless associated.

Method: We illustrate these issues in this case.

Result: A patient of 92 years was admitted for treatment of an inflammatory syndrome and an overdose of anticoagulants. We noted asthenia and conjunctival jaundice. Laboratory tests revealed a jaundiced cholestasis and cytolysis accompanied by an inflammatory syndrome. We also found a hypervitaminia B12 to 1642 pg / ml (normal rate: 191-663 pg / ml). Morphological examinations (ultrasound, CT) were used to detect dilatation of intrahepatic and extrahepatic upstream stenosis of the extra-pancreatic bile duct, with an undercover aspect of the hilum, and portal vein stenosis, evoking a probable ampulloma or a malignancy of the biliary extrahepatic main track. Unfortunately, the patient died a few days later.

Discussion: Hypervitaminia B12 is associated with serious diseases represented mainly by solid neoplasms, blood disorders and liver diseases, and has been repeatedly described as a tumor marker of poor prognosis. In geriatrics, high levels of B12 are associated with increased mortality. Some authors emphasize the performance of the assay of vitamin B12 in patients with neoplastic diseases particularly among the elderly, as decision-making arguments when in pursuit of a cure and / or performing diagnostic tests, this correlates with the standardized geriatric evaluation.

Conclusion: The rate of vitamin B12 could be a real marker in the diagnosis/prognosis of these diseases, and should not be neglected in geriatric oncology.

Biography

Zulfiqar Abrar-Ahmad studied at Reims University of Medicine University. He is currently working in the Department of Internal Medicine and Geriatrics, UMG1, CHU Reims. He has published more than 14 papers in medical journals.

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