



Is “Megaloblastic Anemia”, “Infectious”? What is tropical Sprue?

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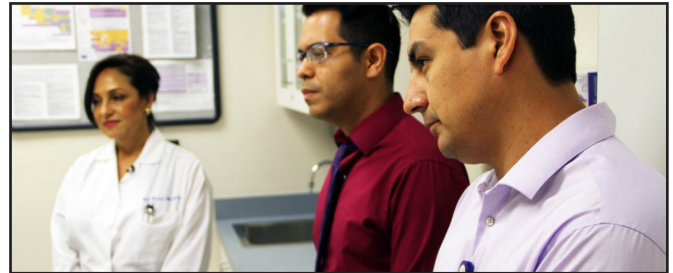
Abstract:

A 30 years old woman with resistant megaloblastic anemia, was referred to us for further diagnosis and investigation. According to peripheral blood smear, megaloblastic anemia had been diagnosed definitely with hypersegmented neutrophils and blood biochemistry revealed the severe serum Vitamin B12 deficiency and RBC, MCV was 115. The patient was pale and felt fatigue permanently and exact medical history showed that the patient’s diet was desirable and she consumed all kinds of proteins and vitamins with sufficient meat, egg and vegetables intake .

It was the first sign of thinking about it is unusual case. In physical examination, we found muscle, bone tenderness and patient mentioned about her bone pain specially during night. Serum vitamin D level was very low and insufficient. We found osteoporosis based on bone densitometry and this was second sign convinced us that this case is bizarre, “a 30 years old woman with osteoporosis .”

We returned to medical history again and found the gastrointestinal manifestation, that at first seemed irrelevant with megaloblastic anemia or osteoporosis, but it was a clue to consider GI tract as anatomical localization. The patient had diarrhea within 10 years with remission and relapse.

Along with intermittent abdominal cramp, we rapidly requested D-Gylose test and it revealed malabsorption definitely. The patient had weight loss about 10kg during 5 years and after weight loss, she was 50 kg. thyroid, renal and hepatic tests was normal. We found steatorrhea in stool exam, so malabsorption was clear for us. We ruled out chronic pancreatitis and celiac disease with normal serum level of lipase, amylase, anti gliadin antibody and anti endomysial antibody. In addition, we found vitamin K deficiency with multiple bruises on her skin and body. Hence, we convinced to study intestine due to invasive procedures, so that, we ordered enteroscopy with biopsy. Biopsy reports consists of presence of inflammatory cells



with lymphocyte predominance. With diagnosis of intestinal inflammation, with severe malabsorption and rule out of other diseases or conditions, our diagnosis was tropical sprue, that is probably infectious and with adequate antibiotic therapy, all GI manifestations was removed and patient felt completely well. With vitamin replacement therapy, the blood smear was revealed normal pattern. So, after treatment with antibiotics and biopsy report, we convinced that the diagnosis was tropical sprue .

Biography:

Mojtaba Mafi is a School of Medicine Top Medical Student with honors Tehran university. Highest rank nationwide university entrance exam among 800000+ candidates Acceptance in all MD,DDS,PharmD programs in all Iran universities. Bronze Medal Chemistry Olympiad First rank in whole country,nationwide scientific exam among 14000 Top Selected

Publication of speakers:

1. Articles on Brain Tumor Immunotherapy, CNS Tumor Guideline and Alzheimer disease in Elsevier and Kudos.
2. Review on Alzheimer’s disease article with specific DOI, was published in American Physiological Society.
3. editor in chief of American Journal of Translational Medicine, to participate at International Conference of Translational Medicine, in Hawaii.
4. Article entitled “Trigeminal Neuralgia caused by Brain Meningioma” has been accepted for oral

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