

ANALYSIS OF THE USE OF FERRIC CARBOXYMALTOSE IN DIGESTIVE PATIENTS



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BACKGROUND AND IMPORTANCE

Iron deficiency anaemia is the most common nutritional anaemia worldwide. Oral iron is first-line therapy, but absorption is often impaired in patients with gastrointestinal disorders.

Intravenous ferric carboxymaltose (FCM) allows rapid haemoglobin increase, but it **may cause hypophosphataemia**, which is **often not monitored** in routine practice.

AIM AND OBJECTIVES

To analyse the use of intravenous ferric carboxymaltose in digestive patients, evaluating:

- Clinical indications.
- Haematological response.
- **Frequency of phosphate monitoring.**



MATERIAL AND METHODS

- **Observational, retrospective and descriptive study.**
- Patients from Digestive Department.
- Period: January-September 2025.
- Data obtained from electronic medical records.

Variables analysed:

- Sex and age.
- Diagnosis.
- Haemoglobin before and after treatment.
- Transferrin saturation index.
- Serum phosphate monitoring.

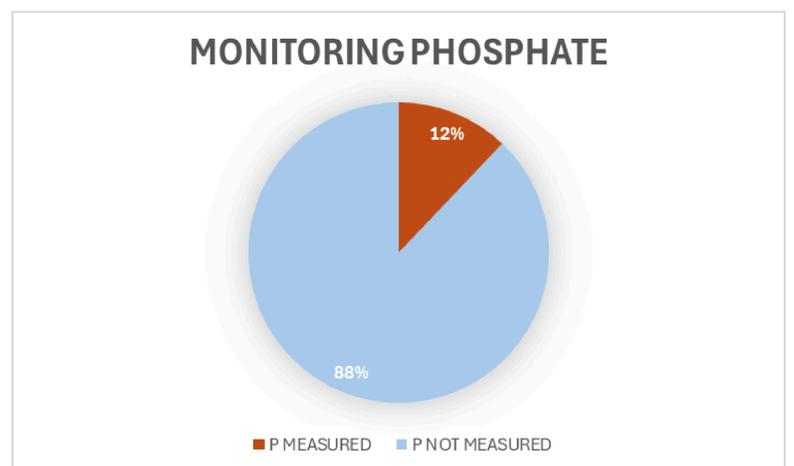
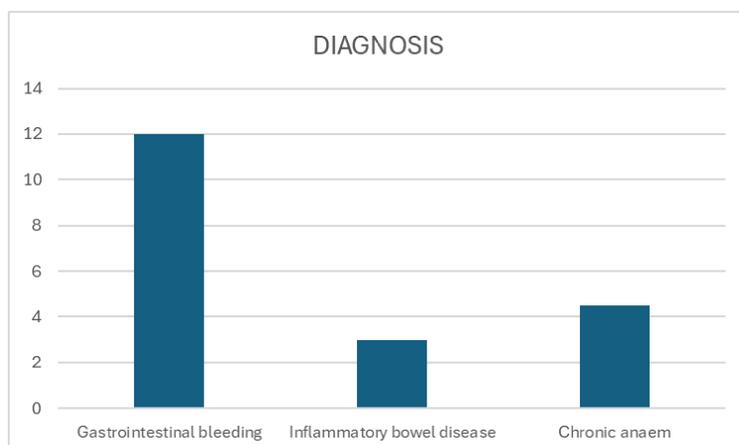


RESULTS

- **58 patients** included.
- Mean age: 63.9 years.
- Main indications:
 - Gastrointestinal bleeding.
 - Inflammatory bowel disease.
 - Chronic anaemia.

- **Haematological response:**
 - Hb before: 9.08 g/dL
 - Hb after: 10.14 g/dL
 - Mean increase: +1.05 g/dL

- **Monitoring:**
 - Phosphate measured before treatment in only 12.1%.
 - No patients monitored after infusion.



CONCLUSION AND RELEVANCE

- **FCM was effective** in increasing haemoglobin levels.
- **Phosphate monitoring was insufficient.**
- A **monitoring protocol including serum phosphate** assessment before and after treatment is recommended to improve patient safety.

REFERENCES

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