

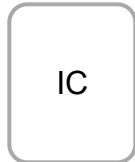


P1780 - Iron Pill-Induced Gastropathy in Elderly Patients: A Case Series Report

 Monday, October 28  10:30 AM - 4:15 PM

 Location: Exhibit Halls 3 and 4 (Street Level)

Presenting Author(s)



Isin Comba, MD

Kissimmee, Florida

Isin Y. Comba, MD¹, Richard Henriquez, MD², Sundeep Kumar, MD¹, Maria Wallis-Crespo, MD³, Ruthvik Srinivasamurthy, MD¹, Lakhinder Bhatia, MD³, Joshua Shultz, MD³

¹University of Central Florida College of Medicine, Kissimmee, FL; ²University of Central Florida College of Medicine, Orlando, FL; ³Osceola Regional Medical Center, Kissimmee, FL

Introduction: Iron deficiency anemia is a global health problem with an estimated two billion cases worldwide. Oral iron supplementation is considered the first line treatment. However, recent studies favor the use of short-term IV iron especially in patients with drug tolerance and efficacy concerns. In this report, we present three cases of iron pill gastropathy in patient's whose clinical courses were complicated by gastric erosion, ulcer or gastrointestinal (GI) bleeding. All of our patients had a history of iron deficiency anemia and were being treated with oral ferrous sulfate.

Case Description/Methods: The first case involved a 72-year-old male with multiple comorbidities was admitted to the hospital for an NSTEMI. Initial labs revealed severe microcytic anemia (Table 1). He denied any hematemesis, melena, or hematochezia. During his hospital stay, he underwent an EGD which showed several erosions in the antrum with no active hemorrhage or visible vessels. Biopsy taken from the erosions demonstrated reactive gastritis with chronic inflammation and focal pigmented deposits stained positive with iron dye. After establishing the diagnosis iron gastropathy, the patient was transitioned to IV iron. In a second case, an 81-year-old male presented with a three-day history of abdominal pain associated with nausea and vomiting. The patient was started on proton pump inhibitors, IV hydration, and antiemetics for suspected acute gastritis with complete resolution of the symptoms. Severe anemia on initial labs prompted an EGD, which showed a superficial ulcer in the gastric body with a caustic appearance. Microscopically, focal iron deposits were remarkable in the area of erosions and were consistent with iron gastritis. Lastly, an over-90-year-old female presented with acute shortness of breath. Initial labs revealed worsening iron deficiency anemia. An EGD showed erosions within the gastric body with mild superficial gastritis. Microscopically, biopsied erosions showed yellow deposits within the mucosa, which stained positive for iron.

Discussion: Iron pill gastropathy is an underrecognized condition particularly in the elderly. The liquid form of oral iron has been shown to be less toxic to the gastric mucosa compared to the tab formulation. Transition to liquid or IV iron should be considered in patients with iron gastropathy as use of iron pills can lead to gastric erosions, ulcers, and GI bleeding, which can worsen the underlying anemia and result in cardiovascular symptoms related to severe anemia.

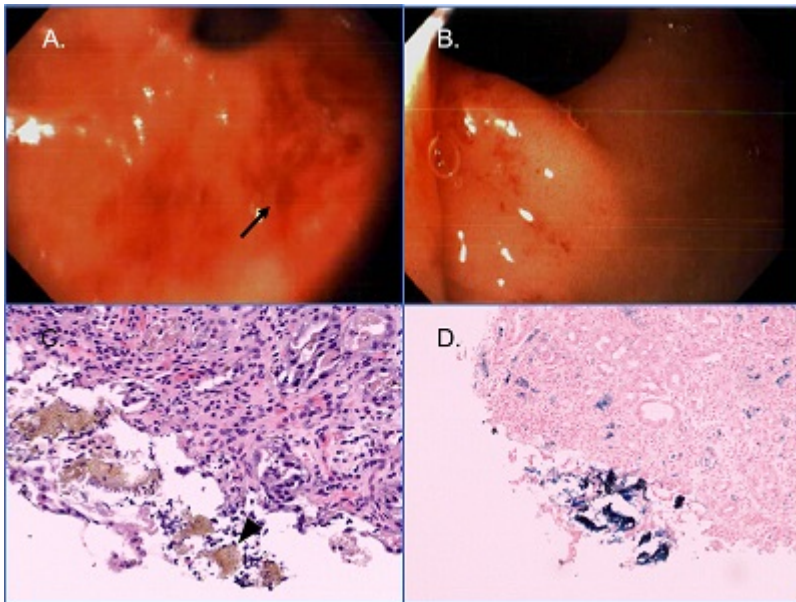


Figure 1: Upper endoscopy showing focal deposits (arrow, A) and erosions (B) within the gastric body with mild superficial gastritis. Focal yellow-brown deposits (arrowhead, C) were remarkable in the area of erosions which stained positive with iron dye (D).

Table 1. Clinical characteristics of the patient population

	Case 1	Case 2	Case 3
Age/sex	72/M	81/M	90+/F
Comorbidities*	HTN, CKD, CAD, Gastric AVM, renal cell cancer s/p left nephrectomy, GERD	HTN, DM	HTN, CAD, Afib
Clinical presentation	Chest pressure, NSTEMI	Abdominal pain, gastritis	Shortness of breath
Hgb (gm/dL)	7.9	7.1	8.1
Htc (%)	29.5	25.7	25.4
MCV (fL)	70.6	59.5	67.7
TIBC (mcg/dL)	412	465	429
Ferritin (ng/ml)	18	3.2	1.9
Iron supplement	Ferrous sulfate 325 mg daily	Ferrous sulfate 325 mg twice a day	Ferrous sulfate 325 mg daily
Location of iron deposits	Antrum	Gastric body	Gastric body
Histopathology	Reactive gastritis with chronic inflammation and focal intestinal metaplasia. Iron deposition within the intramucosal layer.	Oxyntic type mucosa with chronic active gastritis and focal erosions that stained positive with iron dye.	Mild chronic superficial gastritis and focal yellow deposits that stained positive with iron dye.
Complications	Severe antral erosions	An ulcer formation	Gastric erosions with chronic gastritis

*All of three cases had history of iron deficiency anemia. F= female; M = male; HTN = hypertension; CKD = chronic kidney disease; CAD = coronary artery disease; DM = diabetes mellitus; A fib = atrial fibrillation; AVM = arteriovenous malformation; Afib = atrial fibrillation; GERD = gastroesophageal reflux disease; hgb = hemoglobin; htc = hematocrit; MCV = mean corpuscular volume; TIBC = total iron binding capacity.

Disclosures:

Isin Comba indicated no relevant financial relationships.

Richard Henriquez indicated no relevant financial relationships.

Sundeep Kumar indicated no relevant financial relationships.

Maria Wallis-Crespo indicated no relevant financial relationships.

Ruthvik Srinivasamurthy indicated no relevant financial relationships.

Lakhinder Bhatia indicated no relevant financial relationships.

Joshua Shultz indicated no relevant financial relationships.

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