ANEMIA: TRANSFUSE FIRST OR DIAGNOSE FIRST? - A CASE REPORT

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Introduction: Anemia is a common medical problem. The approach to care determines the outcome. Tendency to resort to transfusion of allogenic blood seems 'easy' and 'cheap' just to correct the symptoms, thereby robbing the chance to make a diagnosis. The current trend is to individualize the treatment of anemia based on the diagnosis

Method: A case report of a 42-year-old male Jehovah's Witness who presented with severe anemia with a haemoglobin of 3.3g/dl. He declined allogenic blood transfusion as a treatment. Eventually a diagnosis binutritional anemia was made after assessment of serum folate and B12. He was successfully treated with B12 and folate replacement.

Discussion: There is need to individualize the treatment of anemia. This calls for making adequate diagnosis instead of resorting to allogenic blood transfusion as that may distract from the cause of anemia or worse still, mask the cause. The instinctive drive to 'correct the anemia' should shift to 'diagnose the anemia' before instituting treatment. This will result in better quality of care and outcomes.

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