

A Case of Iron Deficiency Anemia

by

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Case Presentation

Dolores Welborn is a 28-year-old attorney living in Portland, Oregon. Dolores is in the second trimester of pregnancy with her first child, and though her pregnancy had been progressing normally, recently she has noticed that she tires very easily and is short of breath from even the slightest exertion. She also has experienced periods of light-headedness, though not to the point of fainting. Other changes she has noticed are cramping in her legs, a desire to crunch on ice, and the fact that her tongue is sore. She doubts that all of these symptoms are related to one another, but she is concerned, and she makes an appointment to see her physician.

Upon examining Dolores, her physician finds that she has tachycardia, pale gums and nail beds, and her tongue is swollen. Given her history and the findings on her physical exam, the physician suspects that Dolores is anemic and orders a sample of her blood for examination. The results are shown in Table 1.

A diagnosis of anemia due to iron deficiency is made and oral iron supplements prescribed. Dolores' symptoms are eliminated within a couple of weeks and the remainder of her pregnancy progresses without difficulty.

Questions

1. Describe the structure of a molecule of hemoglobin and explain the role played by iron in the transport of oxygen.
2. How is iron stored and transported in the body?
3. What is Iron Deficiency Anemia (IDA) and how frequently does it occur?
4. What are the most common causes of IDA?
5. Why are women more prone to IDA than men?
6. What are the red blood cell indices, and what tests are diagnostic for IDA?
7. How is IDA treated and prevented?



Red Blood Cell Count	3.5 million/ mm ³
Hemoglobin (Hb)	7 g/dl
Hematocrit (Hct)	30%
Serum Iron	low
Mean Corpuscular Volume (MCV)	low
Mean Corpuscular Hb Concentration (MCHC)	low
Total Iron Binding Capacity in the Blood (TIBC)	high

Image Credit: *The Doctor and His Patient* by Jan Steen, c. 1665. The Rijksmuseum, Amsterdam.

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