

## **PS2.163**

### **A misleading anemia**

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**Background:** Infection by *Helicobacter pylori* (HP) is associated with chronic gastritis in infected and asymptomatic children, but sometimes related with recurrent abdominal pain, dyspepsia or duodenal ulcer. There are reports of iron deficiency anemia in children without evidence of blood loss.

Report case: Young male, 17 years old, single, resident in Tarouca, belongs to a nuclear family, stage V Duvall Cycle and Class III Graffar. Without relevant medical history. No smoking/drinking habits. No relevant family history. On August/2015 went to the Urgency per episode of a rectal bleeding in slight amount. Analytical study revealed microcytic and hypochromic anemia. Given this, was discharged with instructions to study it on the General Practitioner (GP). Three days after appeared in consultation per asthenia, anorexia and myalgia in the lower limbs with a progressive evolution in three months. Also episodes of epigastric pain associated with eating foods high in fat, during last 3-4 weeks. No weight loss. Without bleeding history. Denied homosexual contact or sexual risk behaviors, ingestion of drugs or herbs. On physical examination revealed left angular cheilitis. On that day did new blood test which revealed worsening. It was referred to the Pediatrics Urgency with subsequent hospitalization. Made iron therapy EV and various endoscopic examinations showing macroscopic changes. Later, the anatomic-pathologic examination revealed positive HP. Made antibiotic therapy. Remains at the hematology consultation.

**Conclusions:** This case shows that anemia by iron deficiency in adolescents with no evidence of blood loss or malabsorption syndromes, should put the chance of infection by HP. It is important to research the daily nutritional intake, gastrointestinal losses and clinical manifestations compatible with celiac disease/disorder of the digestive tract. Thus, it is intended to inform the diagnosis of HP in adolescents, highlighting the role of the GP on suspicion of diagnosis and proper guidance of these patients.