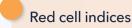


TESTS AND DIAGNOSIS OF IRON DEFICIENCY

Tests and lab findings for iron deficiency:

Peripheral smear (microcytosis, hypochromasia widening of the central pallor accounting for >1/3 of the total RBC diameter, anistocytosis)



- a. Mean corpuscular volume (MCV): measurement of the average size of a single red blood cell (\downarrow MCV <80 fl)
- b. Mean corpuscular hemoglobin (MCH): calculation of the average amount of hemoglobin inside a single red blood cell (\$\sqrt{MCH}\$)
- c. ↑ Red cell distribution width (RDW) (anisocytosis), platelets
- d. \downarrow Mean corpuscular hemoglobin concentration MCHC (<32g/dL), RBC, Hb, Hct
- Serum ferritin (↓ ferritin)
- Serum iron/transferrin = iron saturation (\downarrow iron saturation <20%)
- Soluble transferrin receptor (sTfR) (facilitates intracellular import of iron; ID induces the expression and release of the transferrin receptor to the circulation)
- Bone marrow iron stain (Prussian blue)

Accepted Definition for ID in HF:

↓ Ferritin < 100 ug/L
OR 100-300 ug/L
and TSAT < 20 %

Guideline

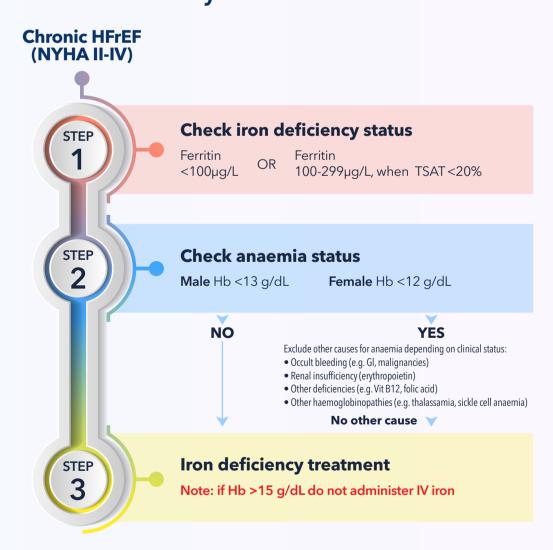
Criteria

2017 ACC/AHA/HFSA
Focused Update of the U.S.
Guideline for Management
of HF

Ferritin <100 ng/ml or ferritin 100-300 ng/ml if TSAT < 20% 2016 ESC Guidelines for Diagnosis and Treatment of Acute and Chronic HF

Ferritin <100 ng/ml or ferritin 100-300 ng/ml if TSAT <20%

Algorithm for Screening, Diagnosis and Treatment Decision for Iron deficiency in Patients with Heart Failure



Hb = hemoglobin, Hct = hematocrit, HFrEF = heart failure with reduced ejection fraction,
NYHA = New York Heart Association HF functional classification, RBC = red blod cell, TSAT = transferrin saturation

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