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Biography

Eman Wetwet is a Consultant Pediatrician specializing in the diagnosis and management of general pediatric and neonatal conditions. She has extensive expertise in pediatric and neonatal respiratory and cardiac disorders, renal and gastrointestinal problems, childhood diabetes, nocturnal enuresis, allergies, and asthma. Dr. Wetwet holds Fellowship of the Royal College of Paediatrics and Child Health (FRCPCH), UK, Membership of the Royal College of Paediatrics and Child Health (MRCPCH), UK, and a Certificate of Completion of Training (CCT) in Paediatrics, UK. She is also a Fellow of the Arab Board of Medical Specialization in Pediatrics and holds a Diploma in Pediatrics. She completed her MBChB at the College of Medicine, Baghdad University, Iraq, and has developed broad clinical experience in pediatric and neonatal care.

Iron Deficiency Anemia In Wealthy Kuwait

Abstract:
Anemia caused by a low iron level is the most common form of anemia. The body gets iron through certain foods. It also reuses iron from old red blood cells. A diet that does not have enough iron is the most common cause of this type of anemia in children. More iron is needed When a child is growing rapidly, such as during puberty. Toddlers who drink too much cow's milk may also become anemic if they are not eating other healthy foods that have iron. Other causes may be: The body is not able to absorb iron well, even though the child is eating enough iron and slow blood loss over a long period, often due to menstrual periods or bleeding in the digestive tract. The aim of this retrospective study is to assess the prevalence of iron deficiency anemia in wealthy country like Kuwait and whether measuring iron parameters with check up blood in children with poor diet is worth doing for early recognition, treatment and concomitantly preventing disease progression. A total of 519 pediatric patients whose iron study has been done in the lab of New Mowasat Hospital in Kuwait over 6 months from Jan-July /2016 were recruited in this study, 264 boys and 255 girls, age range between few months-15 yrs. Lab results were considered normal or abnormal according to the hospital lab standard levels

Results: Most of these studied patients were iron deficient; there is no much difference in number of male and female patients. Ages equal and below 5 yrs are the most affected group. Most of these patients with iron deficiency were treated and followed up

Conclusion: Measuring iron parameters with check up blood in children with poor diet is worth doing, this leads to early treatment and concomitantly preventing disease progression, also to check iron level in any patients with signs and symptoms of anaemia and malnutrition. To educate and advise parents about healthy diet and to avoid junk and fast food. To consider repeating this study in 2 yrs time to assess the value of early checking and treating iron deficiency anaemia.