

Use of intravenous iron without erythropoietin for the treatment of anemia of hemodialysis

Corrección de la anemia en hemodiálisis, efecto del hierro intravenoso sin eritropoyetina

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Background: In the last two decades, the use of erythropoietin for the correction of anemia in hemodialysis patients has been recommended. In Chile, only 10% of hemodialysis patients use erythropoietin, therefore, the correction of iron deficiency must be optimized. **Aim:** To report the effects of intravenous iron without erythropoietin in the management of anemia in hemodialysis patients. **Material and methods:** Retrospective analysis of 42 patients that received intravenous ferrous sacarate in doses of 100 mg/week during 5 weeks and 100 mg bimonthly during six months. These patients did not receive erythropoietin. **Results.** Thirty six patients had iron deficiency. Basal ferritin was 137 ± 22 ?g/l and increased to 321 ± 28 ?g/l after treatment. Packed red cell volume increased from $24\pm 2\%$ to $29\pm 3\%$. No adverse effects were reported. **Conclusions:** Iron deficiency is frequent in hemodialyzed patients. Intravenous iron is safe and effective in the treatment of iron deficiency in these patients.