

# Erythropoietin and iron in anemia management in chronic renal failure

## Tratamiento de la anemia con eritropoietina y hierro en enfermedad renal crónica

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Anemia is one of the most common manifestations of Chronic Renal Failure (CRF), specially during the dialysis period. Growth failure and a high cardiovascular morbimortality are 2 of the most important consequences. Objective: To present a review of the current concepts in diagnosis and management of anemia in pediatric CRF patients. Erythropoietin (EPO) deficit is the main cause of anemia, requiring exogenous replacement through intravenous or subcutaneous route, in hemodialyzed or peritoneodialyzed patients respectively. A longer half-life allows to use EPO one or twice weekly when given by intraperitoneal route, in order to reach a target hemoglobin between 11-12 gr/dl, a level that avoids the cardiovascular risk associated to higher levels as described in adult CRF population. In pediatrics, 100-300 U/kg/weekly can be used to reach the desired hemoglobin levels, always monitoring about the potential complications of EPO, specially arterial hypertension. If anemia seems to be resist