P-47 Can oral vitamin B12 for pernicious anemia replace the conventional treatment?

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Introduction

Pernicious anemia (PA) is an autoimmune gastritis resulting from the destruction of gastric parietal cells and consequent impairment of intrinsic factors secretion to bind the ingested vitamin B12. Although the typical treatment for this is parenteral or intramuscular administration of vitamin B12, the effectiveness of oral vitamin B12 have been reported in several studies and case reports. Here we report our clinical case with PA successfully treated with oral administration of vitamin B12.

Case Description

A 53-year-old man admitted to our hospital with general fatigue and loss of appetite. Blood tests showed pancytopenia and macrocytic anemia (white blood cell count; 2.6x10^3/uL, red blood cell count; 1.28x10^6/uL, hemoglobin; 5.8 g/dL, platelets; 91x10^3/uL, hematocrit; 16.9 %, mean corpuscular volume; 131.8 fL) with low vitamin B12 level (73 pg/mL). His positive intrinsic factor antibody and gastric parietal cell antibody indicated PA. We administrated units of blood transfusion, and started oral vitamin B12 (500 mcg per day) as well as parenterally (1000 mcg per day). The anemia and his clinical symptoms improved gradually. Parenteral administration was stopped on day 7. He discharged from our hospital on day 35, continuing oral vitamin B12 therapy (500 mcg per day). There is no recurrence of anemia in follow-up for 9 month.

Discussion

Vitamin B12 for PA is administrated parenterally or intramuscularly in typical. This treatment is painful and forces patients to visit hospital regularly, which can compromise their quality of lives (QOLs). Some patients who need this treatment for several years are more affected. The efficacy of oral form of vitamin B12 administration for PA has been shown in previous studies. This case also suggests the efficacy of oral vitamin treatment for PA. Considering the QOLs of PA patients, we clinicians should know the efficacy of the treatment.