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ABSTRACT

Status of Healthcare for β -Thalassemia Patients in the West Bank

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Evaluation of thalassemia patients can be demanding because of the plentiful potential disease sequences and absence of available therapies other than transfusion and bone marrow (BM) transplantation, both of which have related morbidities and charges. This study aims to evaluate the hematological, biochemical, and the endocrine profiles of β -thalassemia patients and their correlation with iron overload, considering its related complications. This study involved 53 patients of β -thalassemia treated with blood transfusion and iron chelators. Data were collected retrospectively from registries in 2017 and 2018. The hematological and biochemical profiles included complete blood count, liver and kidney function tests, fasting blood sugar, serum calcium, serum ferritin, and the endocrine profile for each patient. Among the diagnosed patients included in this study, 51% were males and 49% were females, with an average age of 21 years, ranging from 6 – 57 years. The mean of serum ferritin level during 2017 - 2018 was 2055 ng/dl and for hemoglobin 8.23 mg/dl. Regarding liver function tests, abnormal results for ALT and AST were encountered in 13.2% and 32.1% of cases, respectively. Moreover, serum creatinine, as an indicator for renal function, was found to be abnormally low in 79.2% of cases. Vitamin D3 deficiency was also observed in 35.8% of cases, and hypothyroidism was seen in 26.4% of cases. With regards to the treatment approaches, 84.9% of patients are blood transfusion dependent, and 69.8% of them rely on iron chelators. In this matter, splenectomy was carried out only for 17% of cases. Additionally, BM transplantation was done for 8% of patients even though it is the only available curative therapy. Our preliminary findings point to the urgent need for better management of thalassemia patients in the West Bank. These findings might be used to implement new follow-up and treatment policies.

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