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- Q1 (b) (c) (d) Ingrid's history, her relatively good health and the lack of clinical findings on examination tend to suggest that this is a dietary problem rather than a serious life-threatening illness. However, lack of neurological symptoms and signs does not rule out pernicious anaemia, B12 or folate deficiency. Peripheral nerve symptoms often arise late in such deficiencies.
- Q2 (d) Dietary deficiency must be the initial diagnosis until proven otherwise. Students are often unaware of how badly they are feeding themselves!
- Q3 (b) Given her history and the blood picture (a red cell volume of 112fL is well above the norm of 85-101) of macrocytic anaemia, the first priority is to give together the two vitamins deficiency of which is most likely to cause it. It is important to give oral iron as well to prevent depletion of iron stores. After treatment you should monitor serum potassium levels and the reticulocyte response. There should be no need for transfusion. Only if there is no response to the vitamin treatment should malabsorption tests (or delving into drug use) be considered.
- Q4 (a) (b) (c) (d) (e) (f) (g) All of these can cause macrocytic anaemia, but most are only considered if there are a relevant history and examination findings. In Ingrid's case, investigations into these possible causes were unnecessary, as she responded almost instantaneously to her double vitamin treatment. She was advised how to eat more appropriately, and is now enjoying a normal life, feeling fit and healthy, with fruit and vegetables on her daily menu.

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