Letter to Editor

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Dear Editors,

I read with the interest the article by Nkeshimana and colleagues [1] describing a 55 year old man with megaloblastic anemia due to B12 deficiency, who went undiagnosed for two years, despite being transfusion dependent throughout this period.

It is alarming to think about how many similar patients where the diagnosis may have been missed, due to difficulties in accessing the blood tests necessary to thoroughly investigate anemia in Rwanda, particularly iron studies, B12 and folate. These tests, which need to be available in every district hospital, are only currently available in the tertiary hospital laboratories. Also in the laboratories there are times when the tests are also unavailable due to practical issues.

A second consideration is that, if the average Rwandan diet is so deficient in known sources of B12, whether consideration should be given to population level supplementation of B12 in the diet. A WHO review noted many millions of people are likely to be deficient in B12 and folate, and that folate supplementation alone may mask the haematological changes of B12 deficiency, allowing neurological sequelae to develop. The review went on to recommend considering food fortification under specific circumstances, including where the prevalence of inadequate dietary intake is high [2]. Certainly more research is needed to prove this is the case in Rwanda, but if dietary levels of B12 are frequently low, and serious health consequences as reported by Nkeshimana and colleagues are evident, a population based approach to food fortification with B12 and folate should be considered.

Thank you,

Tim Walker, MD

REFERENCES

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