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A Structured approach to Iron refractory iron deficiency anemia (IRIDA) Diagnosis (SAID): The more is "SAID" about iron, the less it is

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Abstract

Our sub-continent is endemic in iron deficiency with nearly 6-70% of children in 2-5 year age group being iron deficient. Hence clinicians tend to prescribe oral iron to all children having anemia and microcytic hypochromic indices and look for a response 2-3 weeks later. However cases with sub-optimal or completely absent oral iron response tend to get neglected due to lack of structured testing approach and reach adolescence or adult age with mild to moderately persistent anemia. Iron refractory iron deficiency anemia (IRIDA) is a relatively recently described autosomal recessive condition that results from mutations in *TMPRSS6* gene. The condition is likely being missed or under-diagnosed in our iron deficient endemic setting due to lack of general awareness amongst physicians in establishing the diagnosing or due to lack of availability of proper genetic testing. The current review is aimed at bridging this gap and highlighting a structured cost-effective approach that can help in establishing a confirmatory diagnosis of this entity.

Keywords: IRIDA, Hepcidin, TMPRSS6, Approach