

## **Persistent microcytosis and its association to the recovery of anaemia after kidney transplantation**

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### **Abstract**

Persistent microcytosis was noted among a number of post renal transplant patients attending the transplant clinic at the Western General Hospital Edinburgh. We retrospectively looked at the pattern of recovery of the anaemia of chronic renal failure following successful renal transplantation with good graft function (Creatinine less than 250 (mol/l). Comparisons were made between those patients with persistent microcytosis and those with normal mean cell volume (MCV). Patients with microcytosis tended to have a slower recovery compared to those with normal MCV especially from week 12 to 21 after transplantation with corresponding Hb changes of 108+ 20 to 126+/-20 g/l vs 128+ 17 to 144+/-19 g/l ([P < 0.05], 95% confidence limits). The microcytic groups also tended to have had poorer graft function with serum creatinines significantly higher than those with normal MCV from week 8 to 21, 182+/- 62 to 173+/- 51 (mol/l vs 139+/- 40 to 149+/- 38 (mol/L ([P < 0.05] 95% confidence limits). In both groups haemoglobin concentration was negatively correlated to serum creatinine. (r=-0.54, [P < 0.05]). Body iron status studies had not been done in these patients. Persistent microcytosis though a non sensitive marker of iron deficiency may be a marker of disordered iron metabolism in patients with poorer graft functions