

Intravenous Iron: Ironically Not Always Benign

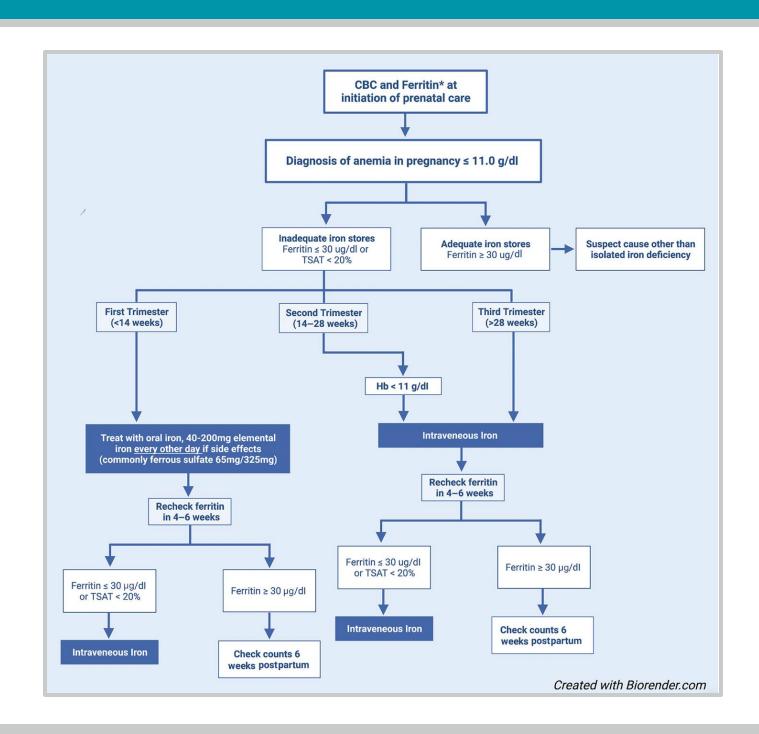
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BACKGROUND

- Iron is the most common nutritional deficiency in pregnancy
- Iron deficiency anemia can be associated with poor maternal and fetal outcomes including preterm labor, postpartum hemorrhage, increased ICU admission, preterm birth, low birth weight, and fetal distress
- Anemic parturients may be treated with intravenous iron infusion in addition to packed red blood cells transfusion
- Reactions to IV iron or blood transfusions may be rare but potentially fatal and therefore should be identified and addressed early

Figure 1 (Right): A proposed algorithm for the identification and treatment of iron deficiency anemia in pregnancy, from *Benson et al. 2022*





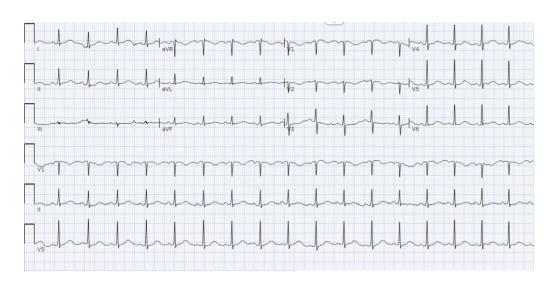
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CASE

- 21 yo G3P0 at 28w3d presenting with multiple syncopal episodes and hemoglobin of 7.7g/dL
- Was first given 300 mg of IV iron
- Then during transfusion of crossmatched pRBCS, she suddenly developed midsternal chest tightness, difficulty breathing, and back and abdominal pain
- Afebrile, hemodynamically stable, no cutaneous changes
- Symptoms resolved with IV acetaminophen



- Left ventricular systolic function is hyperdynamic with an ejection fraction of 73 %.
- 2. Right ventricular systolic function is normal.
- 3. No significant valvular disease.
- 4. Small pericardial effusion localized near the right ventricle. No echocardiographic evidence of cardiac tamponade.
- Collapsed inferior vena cava, suggestive of volume depletion (RAP = 0 mmHg).





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DISCUSSION

- A Fishbane reaction is a mild hypersensitivity reaction to iron infusion with 1% frequency
- This reaction is thought to be due to intravascular release of labile iron
- Reactions usually consist of acute chest and back tightness and joint pain without hemodynamic shifts or respiratory distress
- Lower infusion rate and treat corticosteroids and IV acetaminophen instead of epinephrine

REFERENCES

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Reaction	Frequency	Symptoms	Management
Fishbane reaction	1 in 100	Chest/back pain Chest tightness	Stop iron infusion for 15 minutes Restart at half the rate Symptoms usually self- limited
Mild allergic transfusion reaction	1 in 50	Itching Urticaria	Stop transfusion Administer antihistamine
Febrile non-hemolytic transfusion reaction	1 in 100	Fevers/chills Nausea/vomiting	Stop transfusion Administer acetaminophen
Severe allergic transfusion reaction/ Anaphylaxis	1 in 30,000	Hypotension Wheezing Urticaria Angioedema	Stop transfusion Administer antihistamine and epinephrine Airway management
Acute hemolytic transfusion reaction	1 in 75,000	Hypotension DIC	Stop transfusion Follow blood bank protocol for returning donor blood