and as 13.7 ± 2.24 g/dL in males, with a significant difference between genders ($p = 0.001$). Mean MCV was higher in males than in females with a significant difference (84.98 ± 6.32 vs. 87.15 ± 7.28 fl, $p = 0.001$). According to morphological classification; 66 patients (19.4%) had microcytic anemia, 245 (72.1%) had normocytic anemia, and 29 (8.5%) had macrocytic anemia. Distribution of anemia across age groups revealed 169 (23.5%) patients with anemia in the 60–70-years age group, with a significant difference between genders (69 [18.2%] vs. 100 [29.6%], $p = 0.001$). The prevalence of anemia was different between genders in both the 60–70-years and ≥81 years groups; however, these differences were not statistically significant (respectively, 52 [14.6%] vs. 66 [18.5%], $p = 0.426$ and 30 [25.6%] vs. 23 [19.7%], $p = 0.295$).

Conclusion: In daily practice, determining the prevalence of anemia in the elderly patient group and, if possible, its distribution according to etiologic factors, may provide practical knowledge regarding the approach to be adopted towards patients in a certain region. In our study, the prevalence of anemia in patients aged 60 or older, and the distribution of anemia based on morphological classification were determined. The major limitation of this study is that etiologic distribution could not be revealed. However, we think that our study still provides important insight and awareness regarding the elderly anemic patient population in our region. It will contribute to the studies that will be conducted in the same region.

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PLATELET DISEASES

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Effect of helicobacter pylori infection on the first-line treatment outcomes in patients with immune thrombocytopenic purpura

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Objective: In immune thrombocytopenic purpura (ITP) patients, studies in the literature have generally focused on the effects of the eradication of Helicobacter pylori (H. pylori) infection on increasing the platelet count in ITP patients, and the effect of H. pylori positivity on the response to conventional first-line treatment is not clear. This study aims to determine whether or not the response to the first-line treatment is affected by the states of H. Pylori-positivity and -negativity in ITP patients.

Methodology: The diagnosis of ITP was confirmed according to the Consensus Report on the Investigation and Management of Primary ITP. Untreated adult newly diagnosed or chronic ITP patients were included. H. Pylori-positive and -negative patients were categorized into two groups. Fecal antigen testing was used for the diagnosis of H. pylori infection in all patients. Patients who had received eradication therapy for H. Pylori infection were excluded from the study. The bleeding symptoms were evaluated according to the International Working Group (IWG) bleeding scale. Demographic data of the patients at diagnosis, presence, and severity of bleeding, initial platelet count, administered treatments, treatment response rates, and post-treatment platelet count were inspected.

Results: Of 119 total patients, 66 (55.5%) were female, 32 (26.9%) were H. pylori-positive, 87 (73.1%) were H. pylori-negative. H. pylori-positive and H. pylori-negative groups were not significantly different in terms of age ($p = 0.127$), gender ($p = 0.078$), diagnosis status ($p = 0.094$) and the distribution of bleeding symptoms ($p = 0.712$). The most common treatment was standard-dose steroid in both groups (62.5% vs. 68.9%, $p = 0.524$). Rates of complete response, partial response, no response were comparable for the two groups (respectively, 75% vs. 73.6%, and 18.8% vs. 19.5%, and 6.2% vs. 6.9%), and there was no significant difference between the groups ($p = 0.283$).

Conclusion: The diagnosis of ITP was confirmed according to the Consensus Report on the Investigation and Management of Primary ITP. Untreated adult newly diagnosed or chronic ITP patients were included. H. Pylori-positive and -negative patients were categorized into two groups. Fecal antigen testing was used for the diagnosis of H. pylori infection in all patients. Patients who had received eradication therapy for H. Pylori infection were excluded from the study. The bleeding symptoms were evaluated according to the International Working Group (IWG) bleeding scale. Demographic data of the patients at diagnosis, presence, and severity of bleeding, initial platelet count, administered treatments, treatment response rates, and post-treatment platelet count were inspected.

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