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Summary

CYANOCOBALAMIN INTRAMUSCULAR TREATMENT IN PATIENTS WITH CORPUS ATROPHIC GASTRITIS AND VITAMIN B12 DEFICIENCY : EFFICACY AND PREDICTORS OF INCREASED REQUIREMENT

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A retrospective cohort study of 190 corpus atrophic gastritis patients with vitamin B12 deficiency found that 68% achieved normalization with quarterly 5000µg intramuscular cyanocobalamin while 32% required intensification to bimonthly dosing.

KEY POINTS

- At long-term follow-up (mean 41–50 months), both treatment schedules significantly increased hemoglobin and B12 levels, with quarterly dosing (20,000µg/year) effective in 130 patients and bimonthly dosing (30,000µg/year) required in 60 patients.
- Male gender, severe intestinal metaplasia, and macrocytosis at diagnosis were independent predictors of requiring higher-dose cyanocobalamin (odds ratios 2.5, 10.6, and 2.8 respectively), while age and baseline B12 severity were not.
- The study enrolled patients with serum B12 below 250 pg/ml; 91 had macrocytic anaemia at baseline (60 mild, 17 moderate, 14 severe) and 94 had deficiency without anaemia.
- Clinicians managing corpus atrophic gastritis with B12 deficiency may find this dosing comparison and predictor analysis relevant for individualizing supplementation schedules.

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