

Guidelines for GP referral and further investigations of patients with high Vit B12 levels

High serum vitamin B12

Is the patient on replacement/history of taking multivitamins



Continue replacement

No



Yes

History and examinations to evaluate the causes
FBC, reticulocyte count and blood film examination
LFT, U+E
CRP, ESR
USS abdomen if indicated
Other relevant inv based on symptoms/signs

Abnormal FBC/blood film



Discuss with Haematology via 'Advice and Guidance'

Abnormal FBC/blood film suggestive of malignancy or patient unwell



Consider A & E referral
Discuss with Acute Medical

Abnormal LFT/USS abdomen



Refer to Gastroenterologist

Raised CRP/ESR or impaired renal function



Look for causes and treat accordingly

In the absence of abnormal FBC, the cause is unlikely to be Haematological malignancy

Causes of high vit B12: First step should be to exclude supplementation

- Liver conditions
- Alcohol excess
- Renal impairment (due to impaired clearance of transcobalamin)
- Chronic inflammation (due to excess production of transcobalamin)
- Autoimmune conditions i.e. Autoimmune lymphoproliferative syndrome
- Solid organ tumour, most commonly liver
- Haematological malignancies, most commonly myeloproliferative neoplasm (MPNs)