Hepatic iron quantitation and liver biopsy in sickle cell disease and thalassemia major - impact on monitoring and preventing the progression of iron overload due to regular transfusion therapy.

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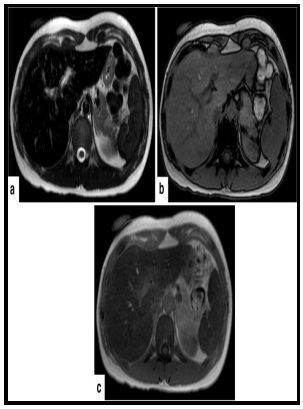

Description: -
-Hepatic iron quantitation and liver biopsy in sickle cell disease and thalassemia major - impact on monitoring and preventing the progression of iron overload due to regular transfusion therapy.
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Thalassemia: Complications and Treatment

The Supporting Information is available free of charge on the at DOI:. Electro- or resting echo-cardiograms may be normal late in the course of iron-induced cardiac disease, and therefore are not sufficiently sensitive for the early detection of iron-induced cardiac dysfunction. For patients with SCD, the likelihood of receiving a liver biopsy was related to the age of the subject, his or her serum ferritin level, the age at which he or she began transfusion, and transfusion type.

Sickle Hepatopathy

When this pool is large, it may be toxic to cells with a limited capacity to generate iron storage proteins. It has also been suggested that these may cause DNA damage in the presence of high concentrations of intracellular iron, but this has not been demonstrated in a clinical setting. Pilot studies in thalassemia major suggest that a similar approach may warrant careful evaluation in this disorder.

Non

In summary, because of the rarity of genuine allergic reactions to the drug, there are very few patients who cannot tolerate some modified regimen of DFO. Therefore, patients with cirrhosis should continue to be screened for HCC following phlebotomy.

Hepatic iron quantitation and liver biopsy in sickle cell disease and thalassemia major, impact on monitoring and preventing the progression of iron overload due to regular transfusion therapy

HCC accounts for approximately 30% of HH-related deaths, whereas complications of cirrhosis account for an additional 20%.

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