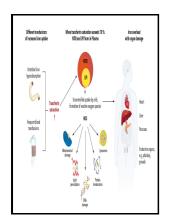
Hepatic iron quantitation and liver biopsy in sickle cell disease and thalassemia major - impact on monitoring and preventing the progression of iron overload due to regular transfusion therapy.

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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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Tags: #Non

Sickle Hepatopathy

In these cases, immune-mediated liver injury in the fetus is associated with the development of iron overload. Further evidence is emerging that truly safe levels of body iron with respect to the development of complications of iron overload are lower than this estimate.

Disparity in the management of iron overload between patients with sickle cell disease and thalassemia who received transfusions

There was no evidence for an inherent qualitative difference DFO metabolism in patients at high risk of developing toxic complications from DFO.

Thalassemia: Complications and Treatment

Coronal MRI lower figures of hepatic iron before left and after right therapy with the orally active iron chelating agent deferiprone in the same patient.

Non

Hyperbranched polyglycerol HPG, as the name implies, is a hyperbranched polymer with about 50-65% dendrimeric structure. Monitoring 24-hour urinary iron excretion is sometimes helpful.

Sickle Hepatopathy

In some laboratories, the total iron-binding capacity is calculated from the sum of the serum iron and the unsaturated iron-binding capacity,

whereas in others, it is calculated indirectly from the transferrin concentration in the serum. The correlations between hepatic iron concentration determined by SQUID and those measured from biopsy specimens in these two centers do not appear to be equivalent. Serum Ferritin as Monitoring Parameter In spite of the limitations of serum or plasma ferritin SF for the estimation of iron stores in patients with iron overload, this indirect parameter remains essential in monitoring iron stores.

Thalassemia: Complications and Treatment

In this review the experience gained in the use of deferoxamine, the benefits of and problems associated with this agent in the treatment and prevention of iron overload, and recent progress in the development of orally effective iron-chelating drugs will be reviewed. The prevalence of clinical cardiac disease in ideally chelated patients over the age of 15 years was 9%; in a slightly younger cohort of patients this figure was 2%. TS usually remains elevated until iron stores are depleted, whereas ferritin, which may initially fluctuate, eventually begins to fall progressively with iron mobilization and is reflective of depletion of iron stores.

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