Difficult cases
• Ferritin < 500 µg/L: monitor with repeat Fe studies, LFTs, CRP at 12-monthly intervals.
• Ferritin > 500 µg/L and transferrin saturation < 45%: consider hepatic and cardiac MRI (Ferriscan): ?ferroportin disease.

Maintenance
• Venesection 4 times per year to keep serum ferritin < 100 µg/L, or
• If iron studies are poorly tolerated2 (e.g. because of anaemia, angina, etc.), consider desferrioxamine subcutaneously.

Venesection services
Venesect every 1–2 weeks until serum ferritin < 60 µg/L through either:
• Red Cross Blood Service1 call 13 14 95 or
• SNP venesection service call (07) 3331 3700.

If cirrhosis is present, refer for a liver biopsy if serum ferritin > 1000µg/L, or LFTs abnormal, or history of alcohol abuse, or hepatomegaly present. If cirrhotic, then screen for hepatocellular cancer with 6-monthly liver ultrasound and serum alpha-fetoprotein.

If iron studies are consistently abnormal
with raised serum ferritin but transferrin saturation < 45%, check serum CRP for evidence of acute inflammation and LFTs for evidence of non-haemochromatosis hepatitis or fatty liver (common causes of an elevated ferritin).

If iron studies are consistently abnormal,
with ferritin > 500 µg/L and transferrin saturation > 45%, then refer for hepatic Fe quantitation-biopsy or MRI (Ferriscan). Venesect if excess iron is present.

1. The Red Cross Blood Service, 13 14 95, provides a free venesection service for patients with haemochromatosis—provided that there are no contraindications for using the blood products. Sullivan Nicolaides Pathology’s Venesection service, (07) 3331 3700, is not restricted by blood-donor criteria.
2. Patients who tolerate venesection poorly because of anaemia, cardiovascular instability, or poor vascular access can be managed with desferrioxamine—a chelating agent that is given subcutaneously by pump (not available through SNP).