Elevated Serum Ferritin

Check fasting iron saturation

High (>45%)

HFE Testing

No Mutation - C282Y/H63D*
- H63D/H63D*
- Heterozygotes*

C282Y Homozygote

Haemochromatosis

Refer to Management Guideline

Normal (<45%)

Non-HFE Haemochromatosis possible but look for other causes

Consider

Alcohol Intake
Liver Disease
Malignancy Infection Inflammation
Haematological Causes
Metabolic Syndrome
Porphyria Cutanea Tarda
Hereditary Haemochromatosis Cataract Syndrome

Investigations & Clinical Enquiry (see page below)

-Venesection NOT Appropriate
- Lifestyle Management
- Refer Gastro for Specialist Assessment
- Treat Underlying Cause
- Venesection NOT Appropriate
- Refer Haem for Specialist Assessment
- Venesection NOT Appropriate
- Lifestyle Management
- Venesection may be helpful
- See notes overleaf

-Venesection NOT Required

*Can have Hyperferritaemia but don't develop sufficient iron deposition for clinical disease in absence of additional risk factors. Screen for other causes, consider referral if ferritin >1000+/- deranged LFTs.
HYPERFERRITINAEMIA

Elevated ferritin levels are common. Most will not have iron overload

Many varied conditions can result in elevated ferritins. In the absence of C282Y/C282Y homozygosity the following investigations are recommended:

- Weight/BMI measurement
- Blood pressure
- Triglycerides
- Cholesterol
- HbA1C
- Liver ultrasound
- LFTs
- Viral hepatitis screen
- Liver autoantibody screen including immunoglobulins
- Ceruloplasmin
- FBC
- CRP

Clinical enquiry should include:

- Skin blistering, hyperpigmentation, hypertrichosis. Consider Porphyria Cutanea Tarda (genetic and acquired causes). Referral to dermatology for diagnostic biopsy. Patients with confirmed diagnosis should be screened for haemochromatosis and hepatitis C. Individuals with positive HFE or HCV screens should be referred to gastroenterology. Venesection may be useful and can help skin condition.
- History of previous regular blood transfusions. Consider transfusional iron overload. Note FBC may now be normal if underlying primary reason for transfusions now treated.

Most cases of hyperferritinaemia are likely related to metabolic syndrome.

If after assessment and management of lifestyle factors ferritin remains elevated this should be monitored on a yearly basis. If the ferritin remains >1000 for >12 months patients should be referred to gastroenterology so consideration can be given to the need for further investigation/imaging.