



? Iron overload

Fasting TRS/ ferritin

Normal
• Iron overload excluded
• May need to repeat in a few years if concerned

Elevated Ferritin and TRS

Elevated ferritin only (low risk)

Consider HH
• Caucasian - HFE C282Y & H63D genotyping

Consider secondary iron overload
• Based on history

Inflammation, obesity, alcohol

C282Y homozygote (High risk)
C282Y/H63D (Low risk)

No HFE mutation detected (Low risk)

MRI measurement of HIC
If elevated:
Assess cardiac and liver injury risk
Treat - chelation

Age >45 years
Ferritin >1000µg/l
Liver risk cofactors

Age <45 years
Ferritin <1000µg/l
No liver risk factor

MRI measurement HIC
If elevated:
• Consider Non-HFE genotyping if available
• Fibrosis assessment- Fibroscan, hyaluronic acid, liver biopsy
• Phlebotomy
• Family screening

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YES NO

Modify risk factors. No utility in ferritin monitoring

Unlikely to have iron overload