

# **IRON METABOLISM**

# IRON METABOLISM

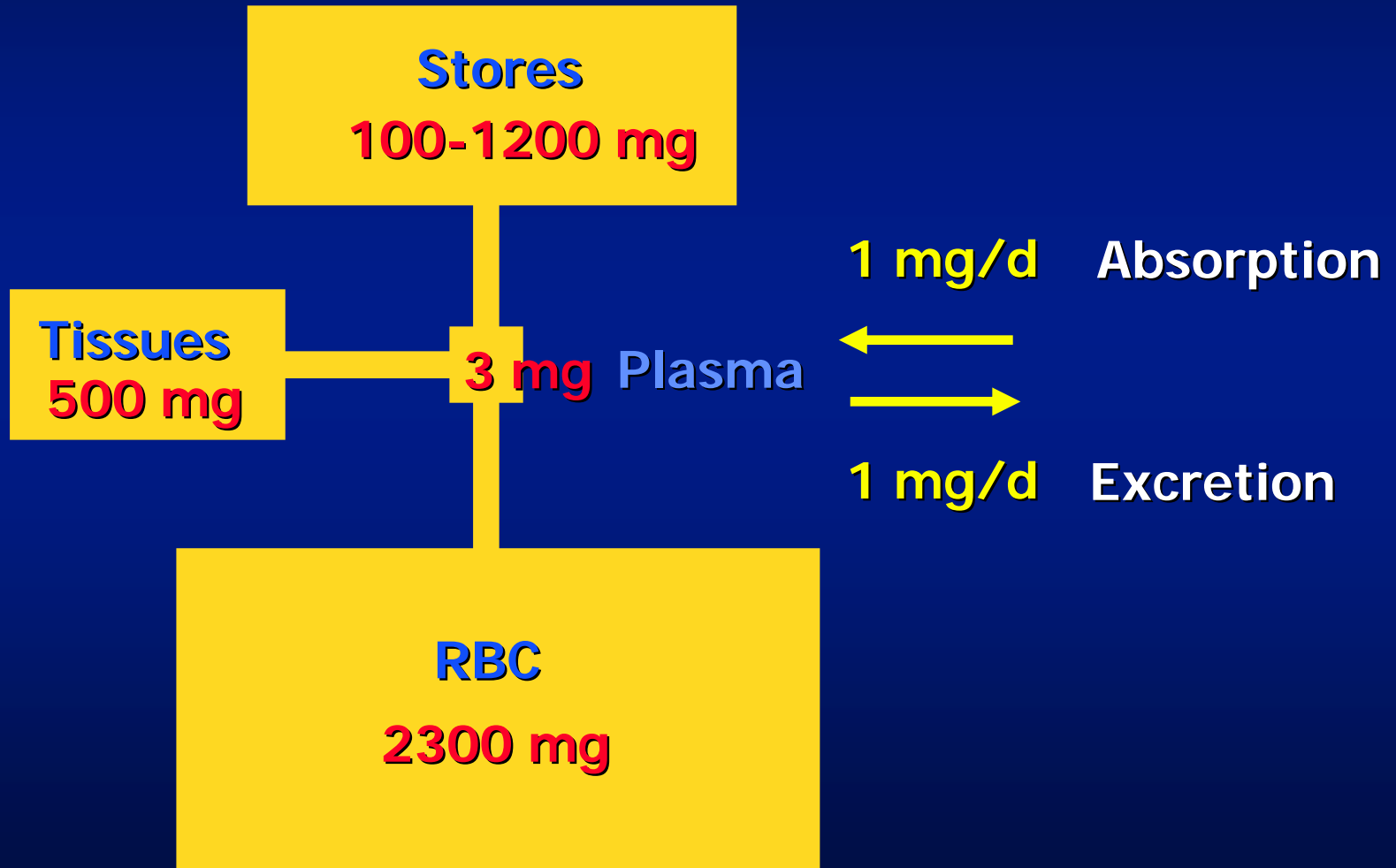
## External iron exchange

**4 g Iron**  
**(10 yrs)**

 **1 mg/d**

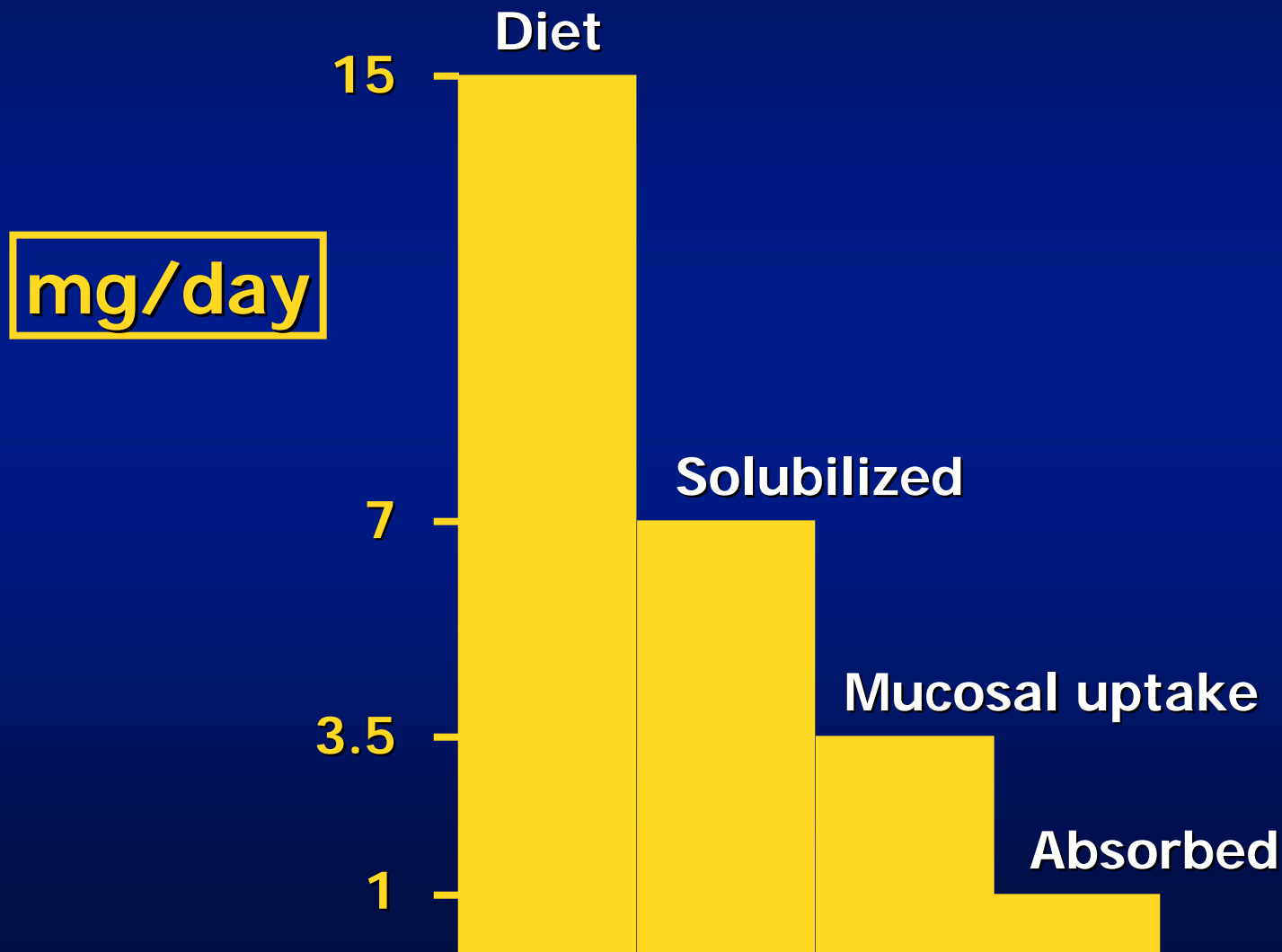
# IRON METABOLISM

## Iron compartments



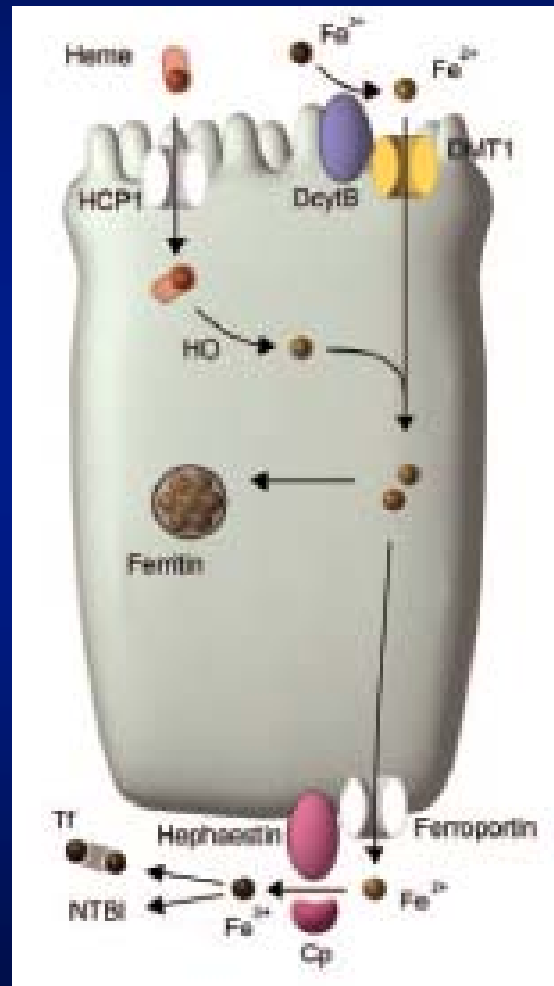
# IRON METABOLISM

## Iron absorption



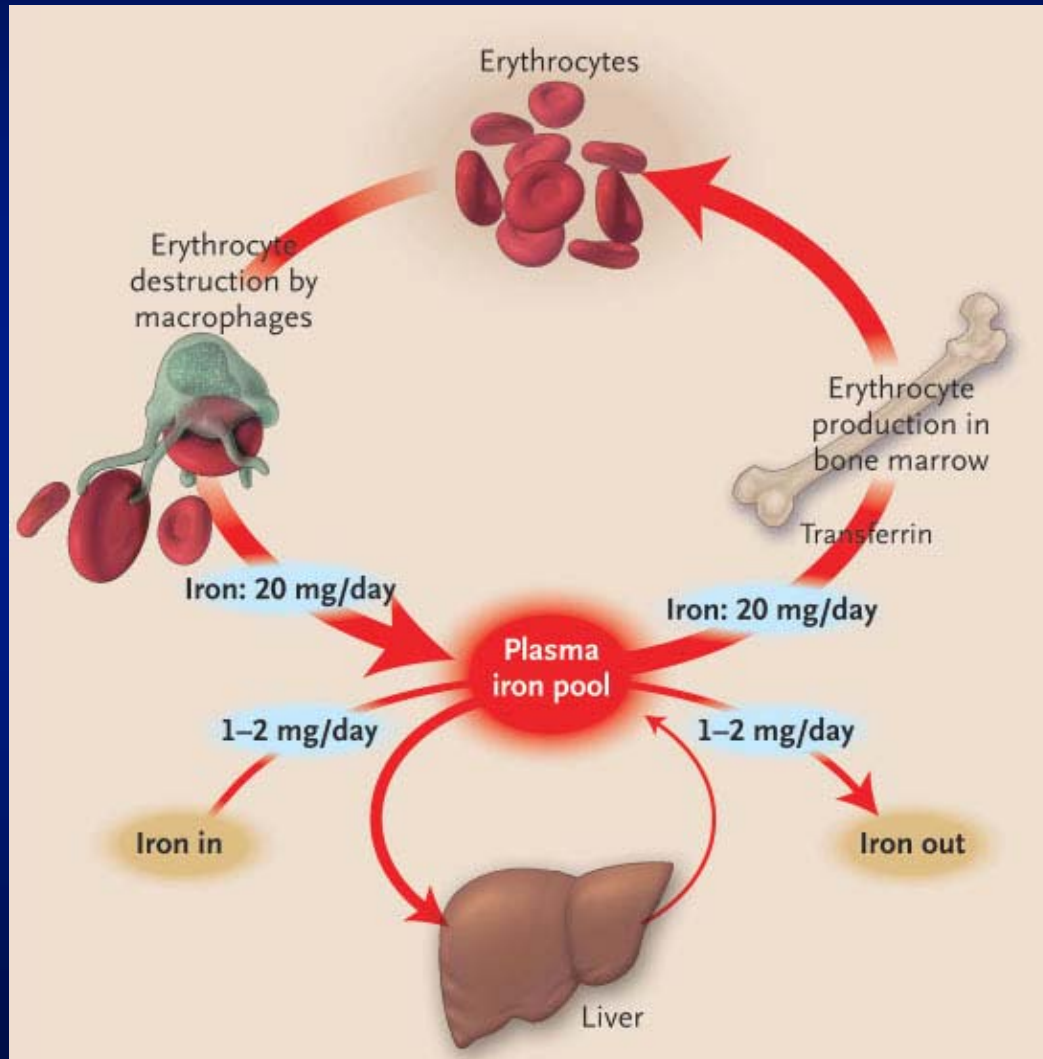
# IRON METABOLISM

## GI tract

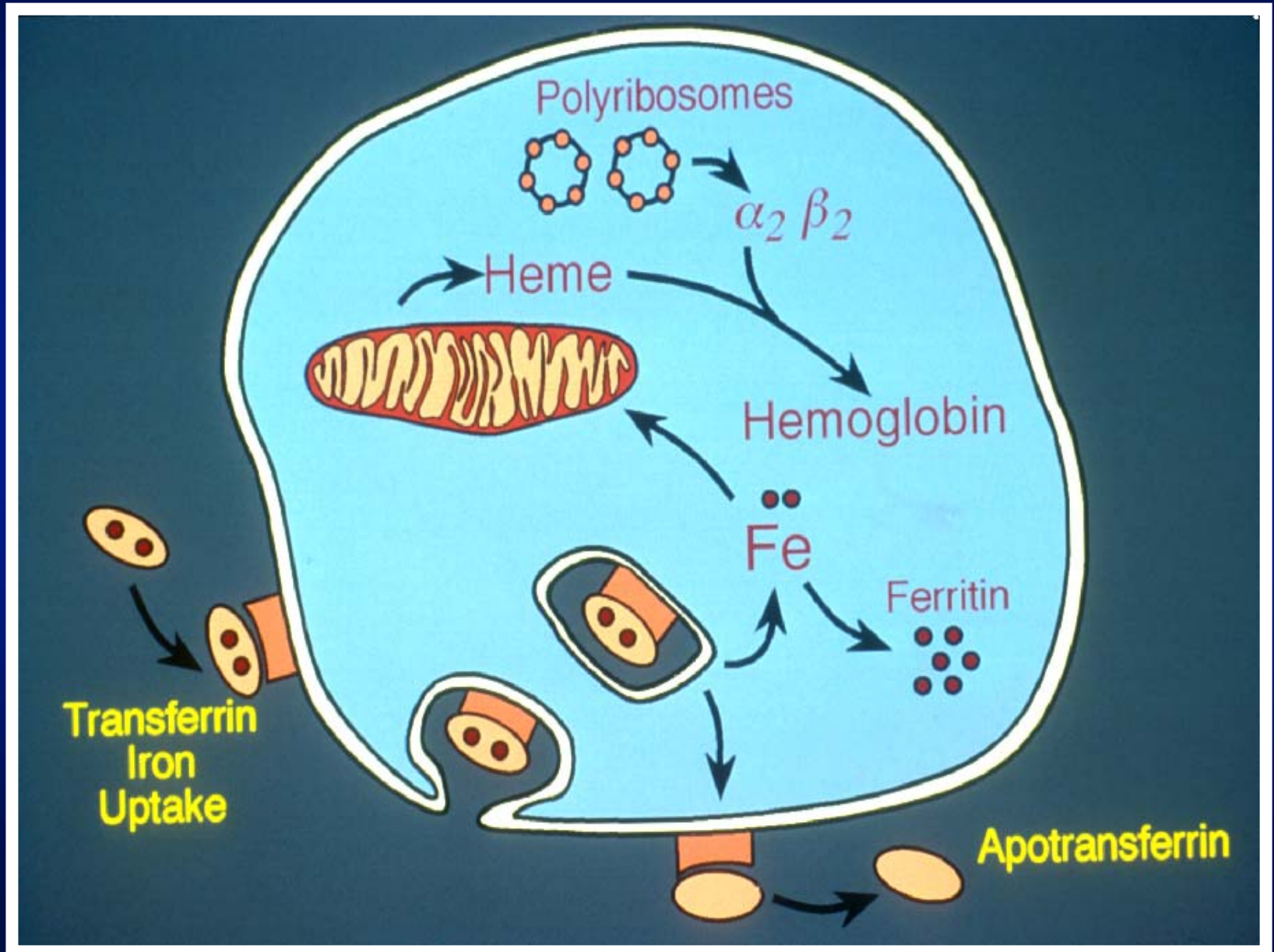


# IRON METABOLISM

## Internal iron exchanges

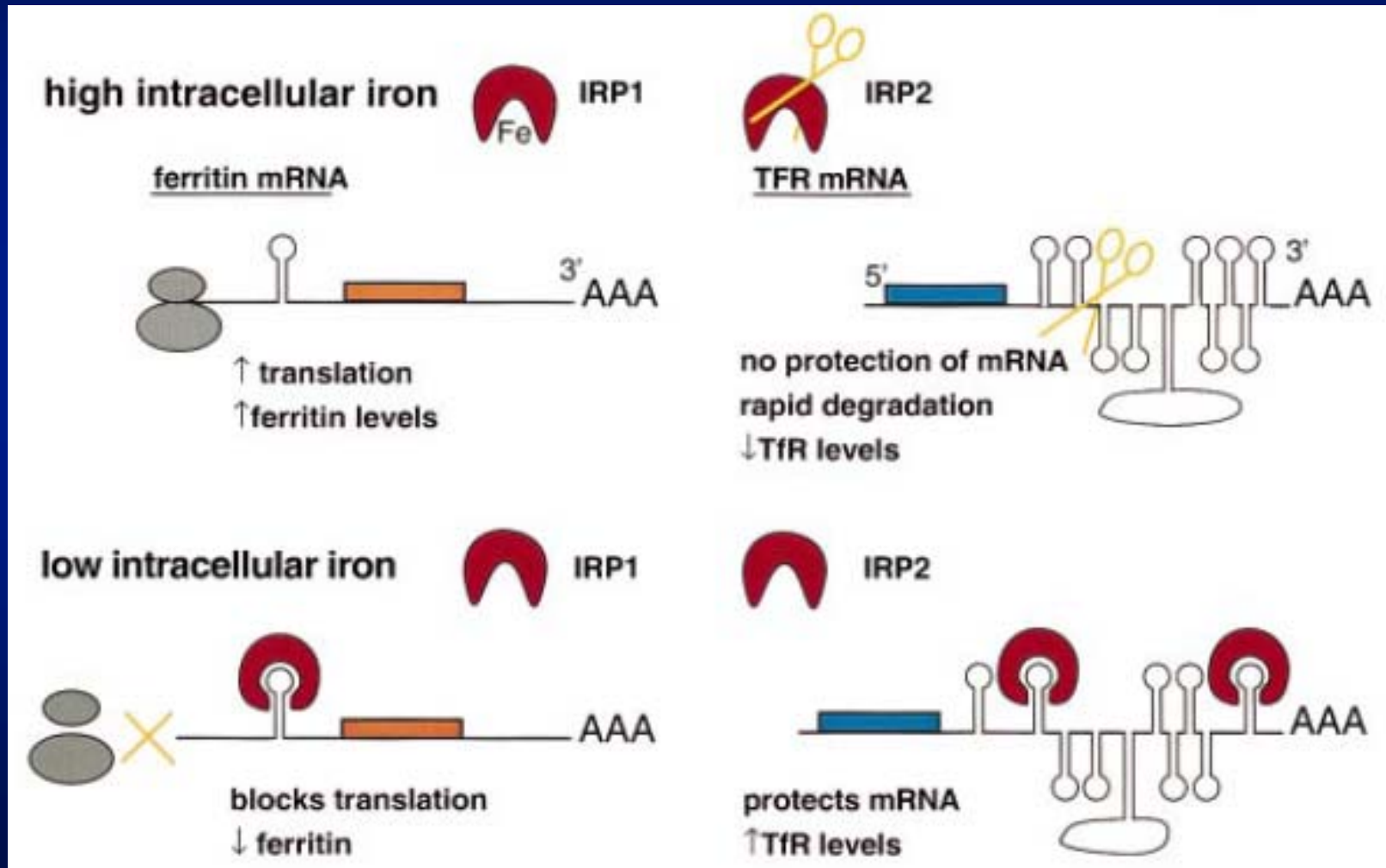


# ERYTHROBLAST IRON METABOLISM



# IRE AND IRP

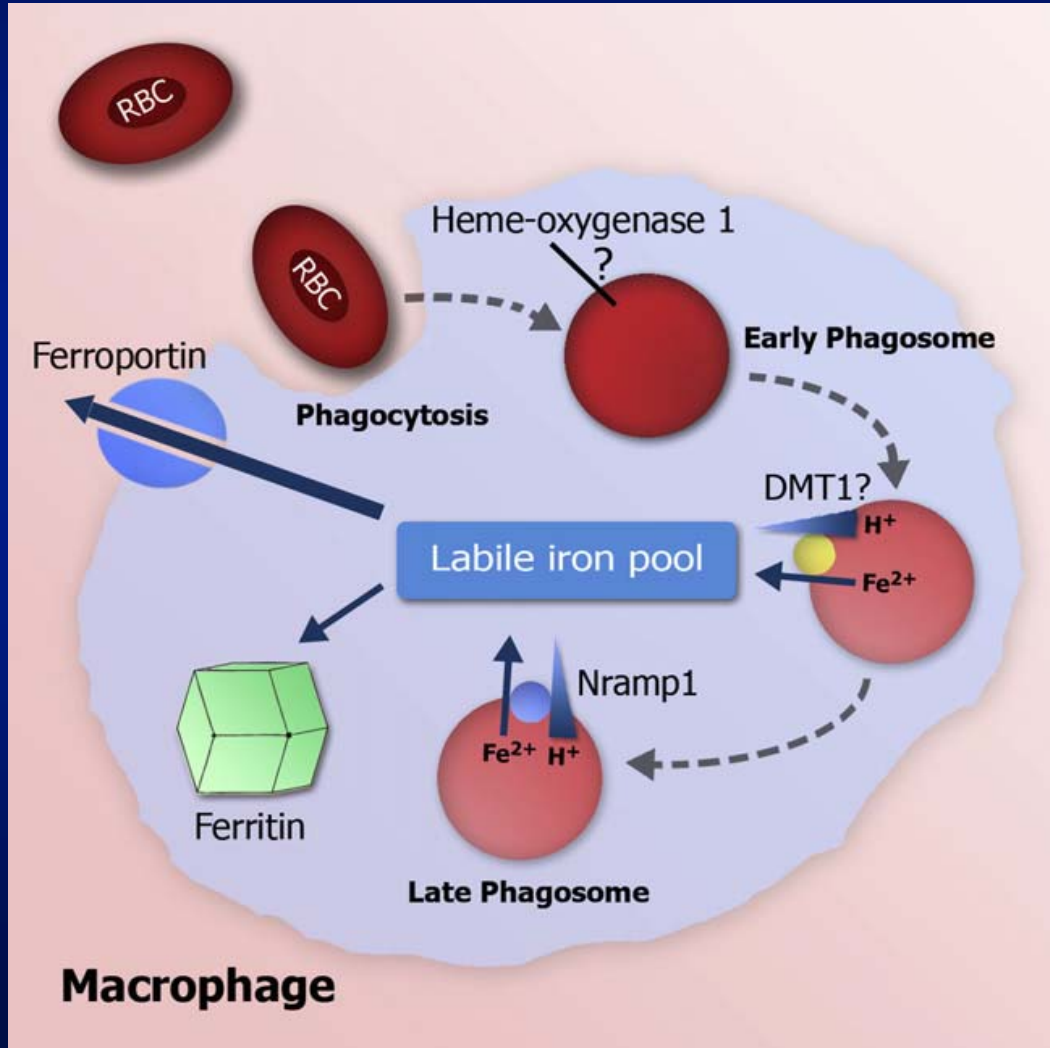
## Regulation of ferritin and TfR





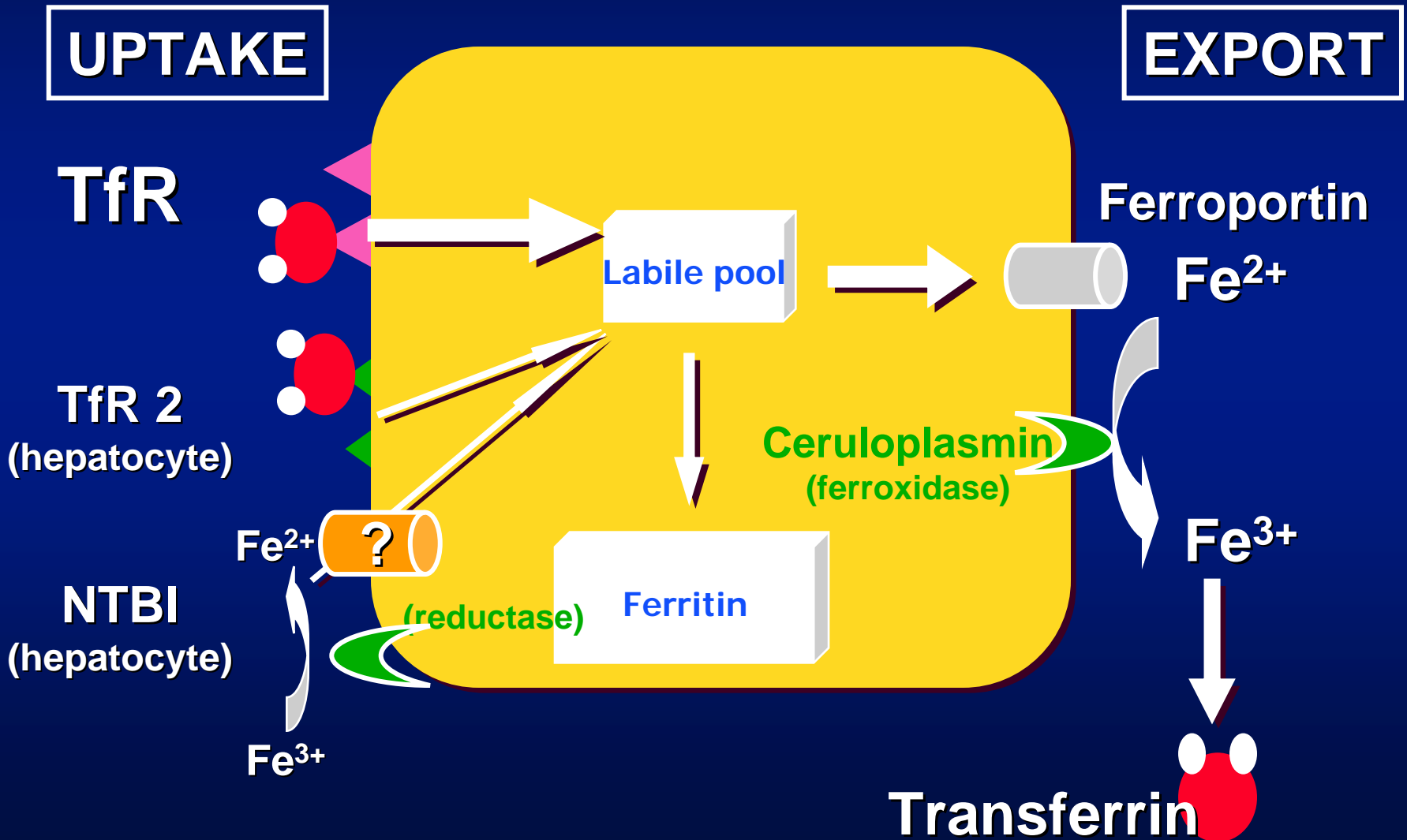
# IRON METABOLISM

## Macrophages



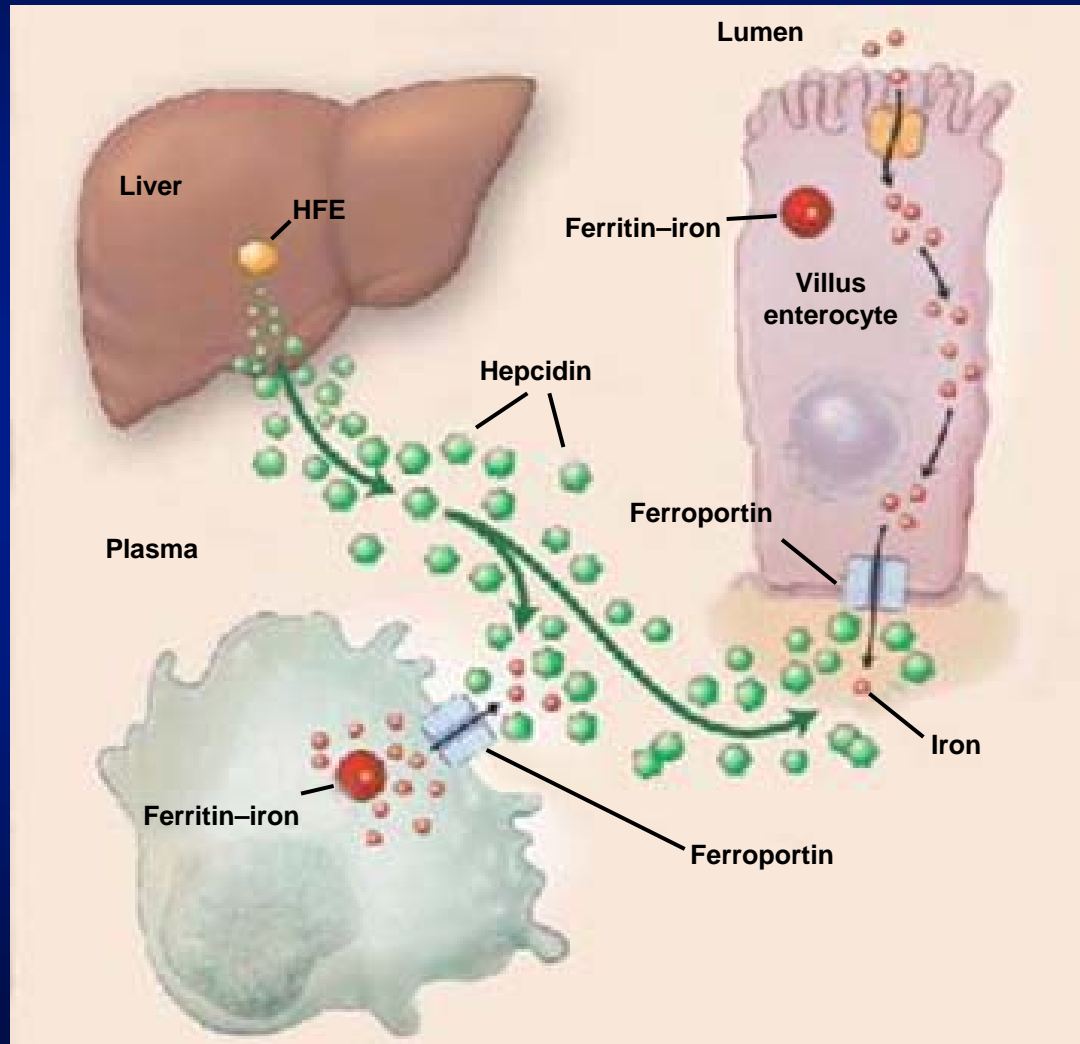
# IRON METABOLISM

## Iron uptake and export



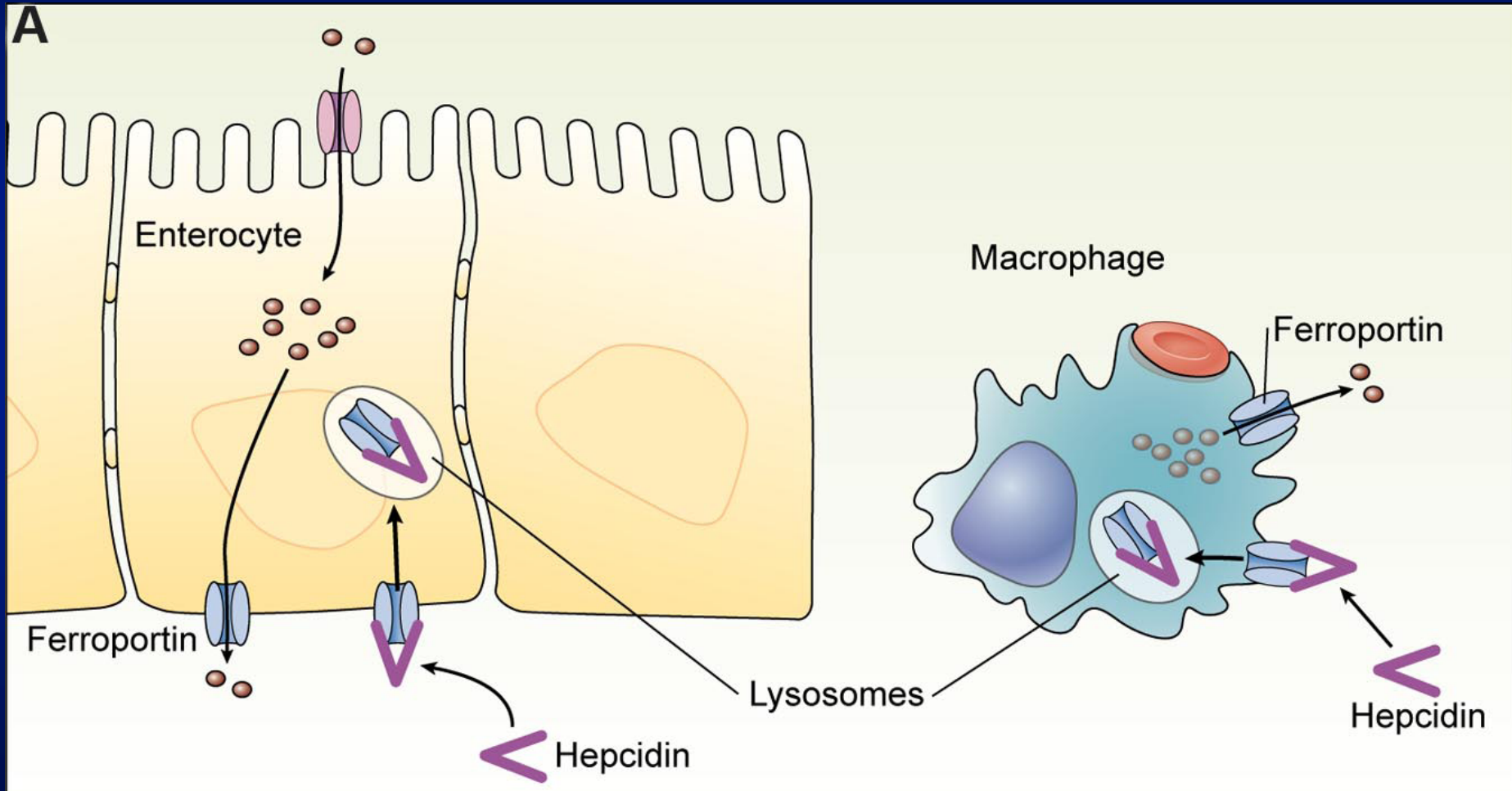
# IRON METABOLISM

## Hepcidin



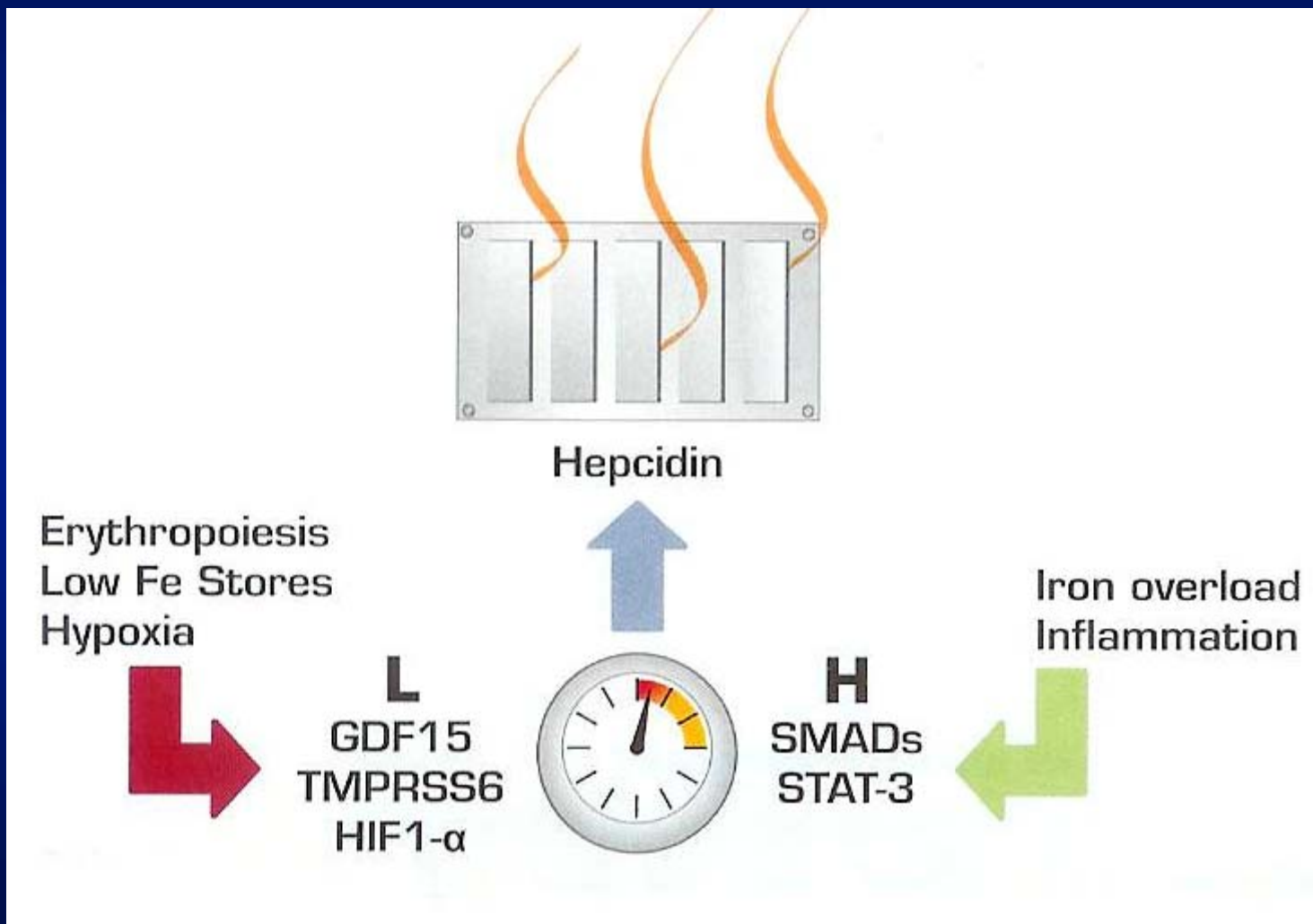
# IRON METABOLISM

## Hepcidin



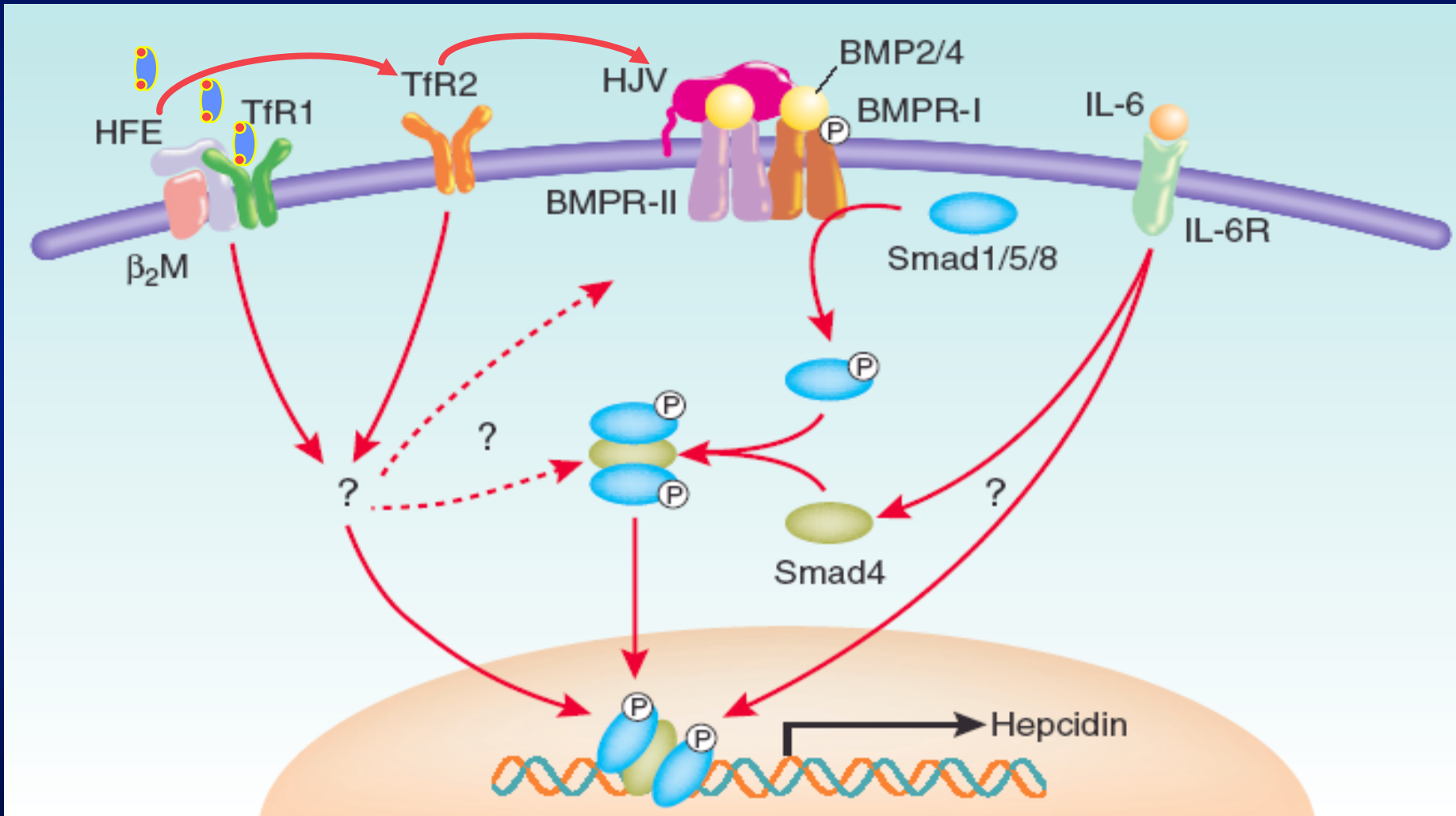
# IRON METABOLISM

## Regulation of hepcidin synthesis



# IRON METABOLISM

## Regulation of hepcidin synthesis

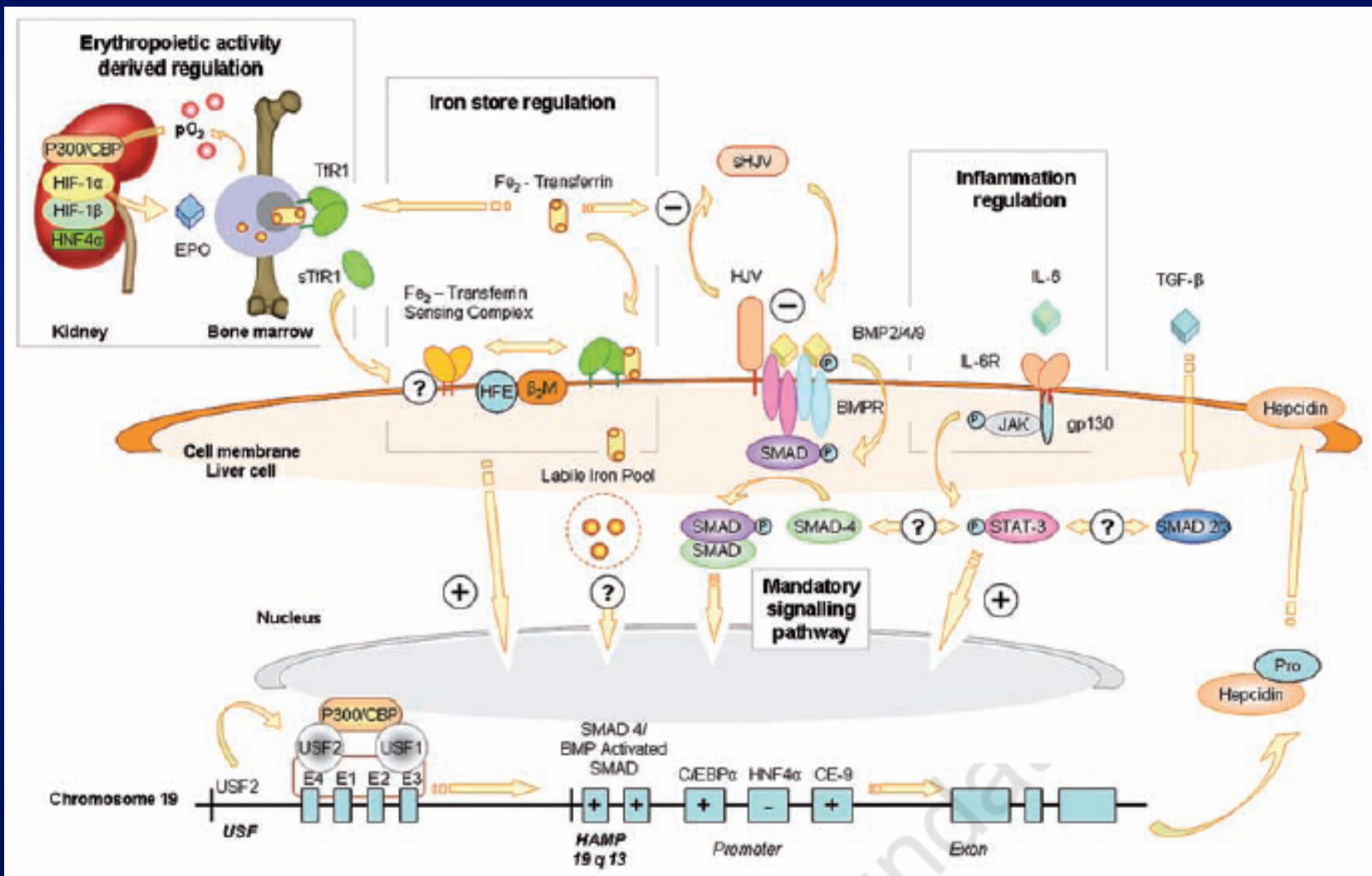


Anderson et al, Nature Genetics 5:503, 2006

Adapted from: Goswami T, Andrews NC. J Biol Chem. 2006;281: 28494-8

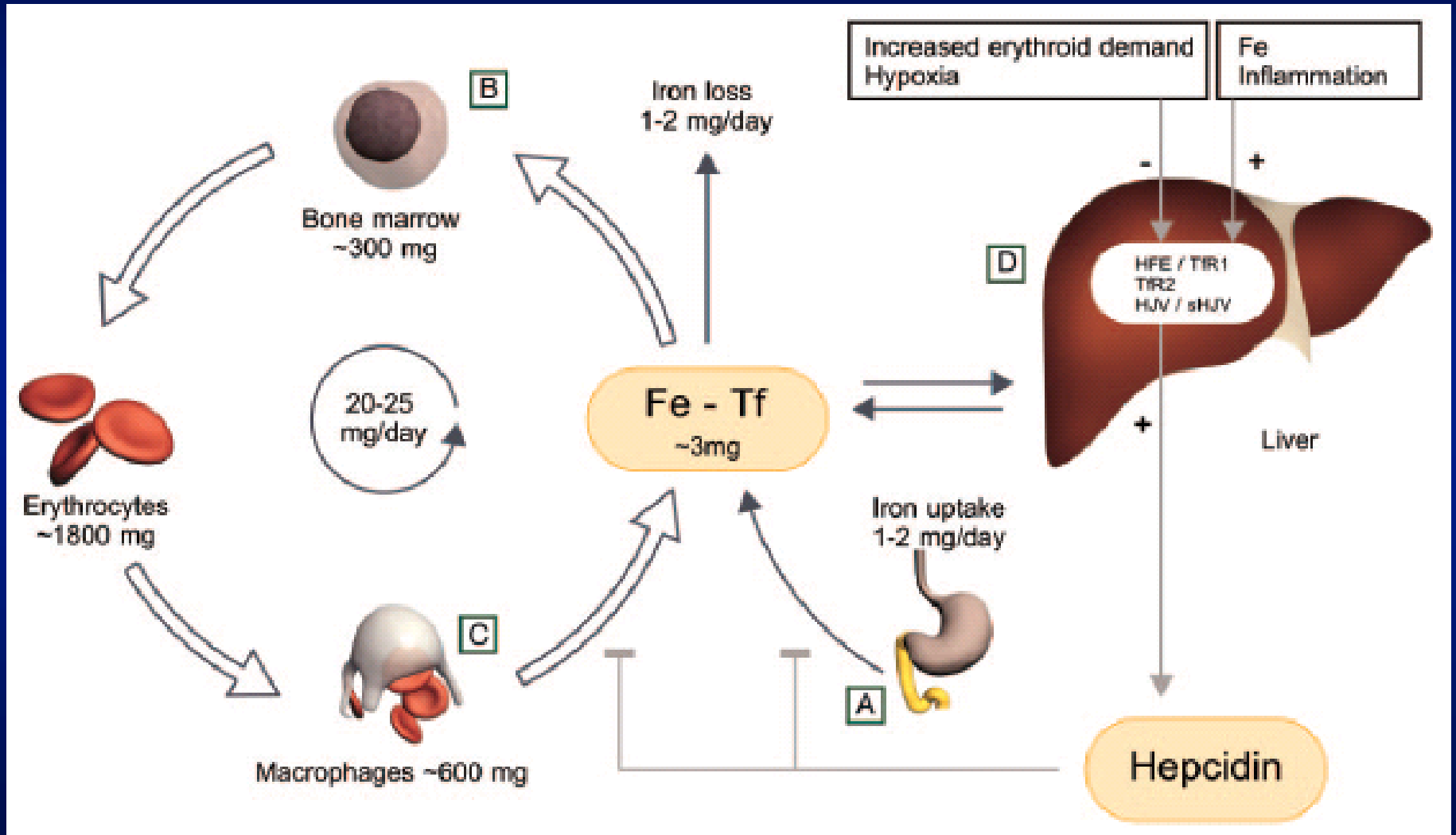
# IRON METABOLISM

## Regulation of hepcidin synthesis





# IRON METABOLISM





# IRON PARAMETERS

# IRON METABOLISM

## Biological markers

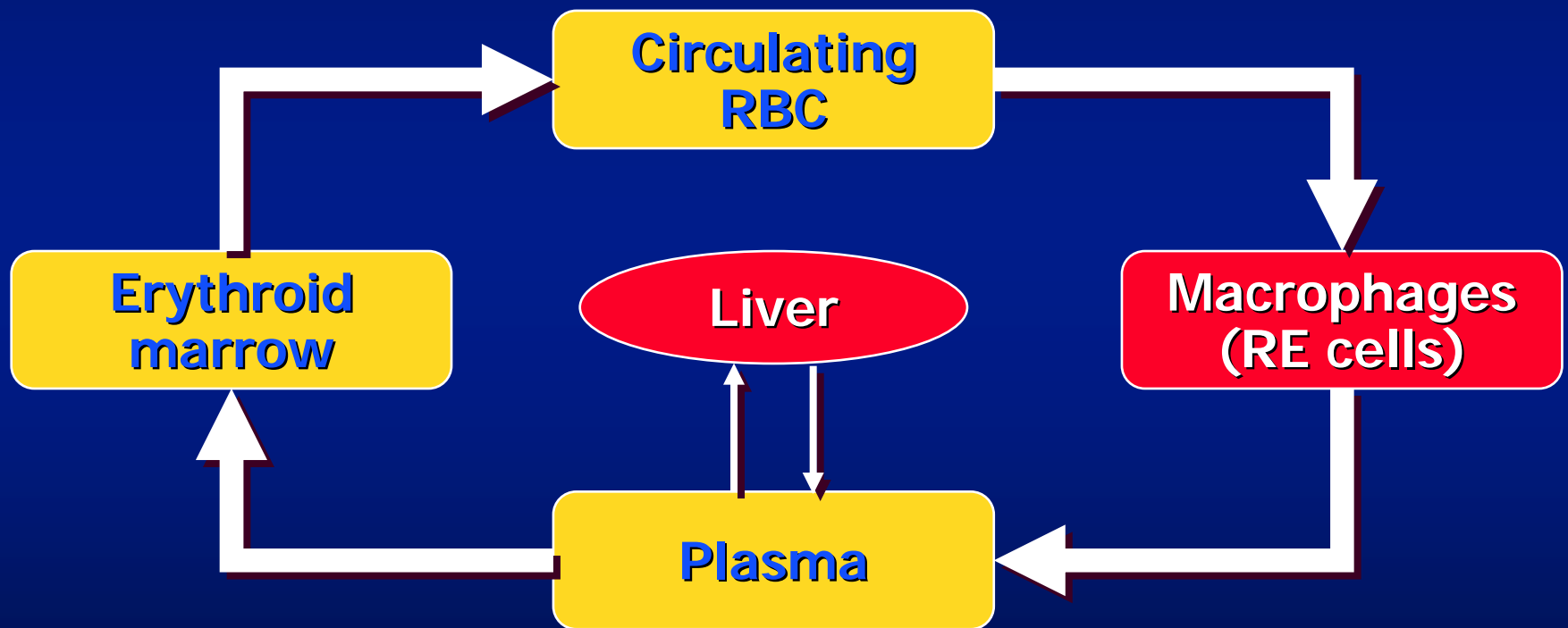
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- Ferritin
- Transferrin saturation
- sTfR
- Red cell indices (HYPO, CHr)
- Hepcidin

**FERRITIN**

# IRON PARAMETERS

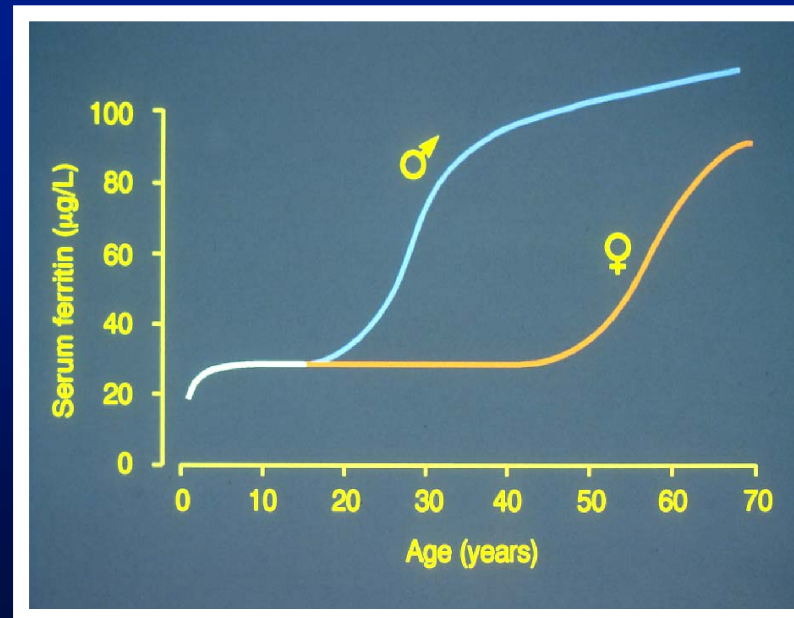
Storage iron : serum ferritin



# FERRITIN

## Serum ferritin

- Represents iron stores (macrophages and hepatocytes) **1  $\mu\text{g/L}$  = 120  $\mu\text{g/kg}$  storage iron**
- Low ferritin (< 12 to 25 mg/L according to assay) **100% specific for iron deficiency**
- Normal range varies with age and sex



# FERRITIN

## Serum ferritin

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- **Falsely elevated serum ferritin**
  - **Inflammation : lower limit 40-120 µg/L**
  - **Renal failure : lower limit 40-100 µg/L**
  - Liver damage
  - Hyperthyroidism
  - Some forms of cancer
  - Poorly controlled diabetes mellitus  
(ferritin glycosylation)
  - Hyperferritin-cataract syndrome
  - Benign hyperferritinemia

# FERRITIN

## Hyperferritin-cataract syndrome

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- Moderately increased SF
- Normal TS
- No tissue IO (LIC, MRI)
- Early-onset cataract
  
- Autosomal dominant
- Mutation in L-ferritin IRE

# FERRITIN

## Benign hyperferritinemia

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- Moderately increased SF  
(SF > 90% glycosylated)
- Normal TS
- No tissue IO (LIC, MRI)
- No clinical symptom
  
- Autosomal dominant
- No mutation in L-ferritin IRE
- C89T mutation (gene), T30I mutation (protein) L-ferritin
  - 50% of family cases
  - Some sporadic cases

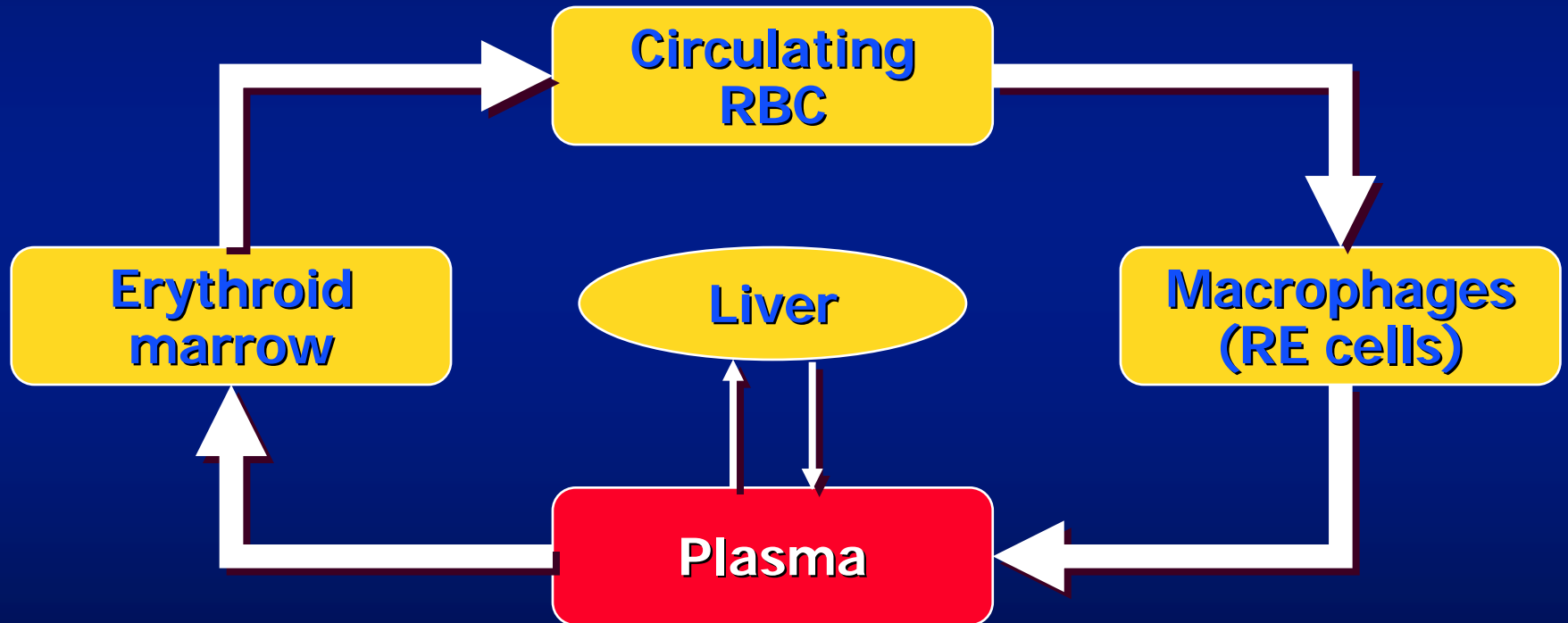


# TRANSFERRIN SATURATION

**Tsat**

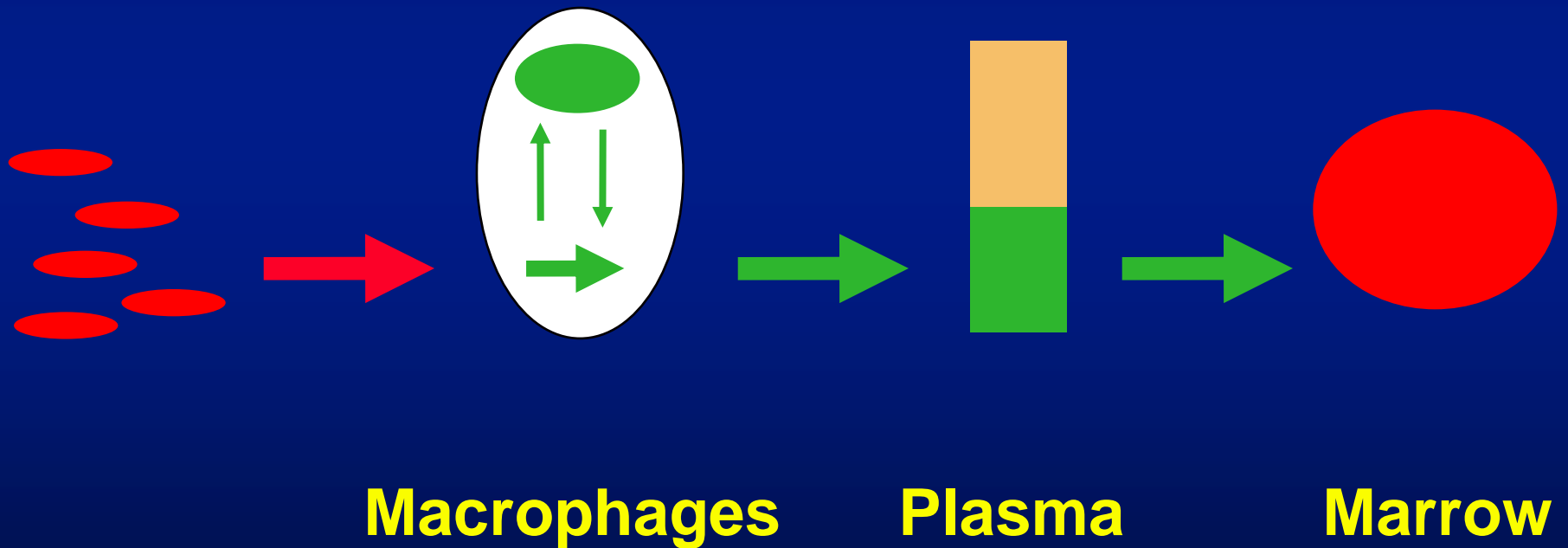
# IRON PARAMETERS

Plasma iron : transferrin saturation

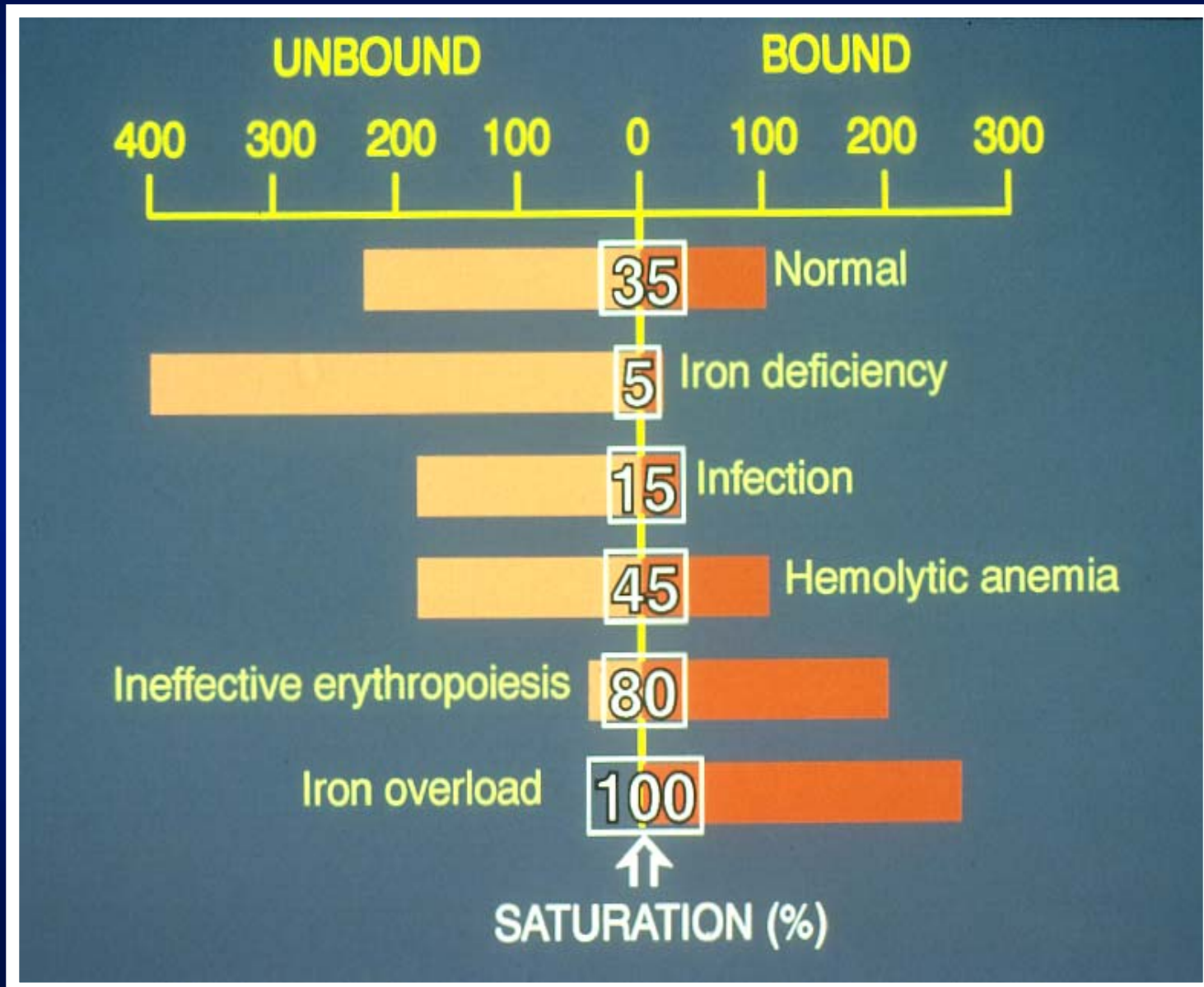


# TRANSFERRIN SATURATION

Normal



# TRANSFERRIN SATURATION

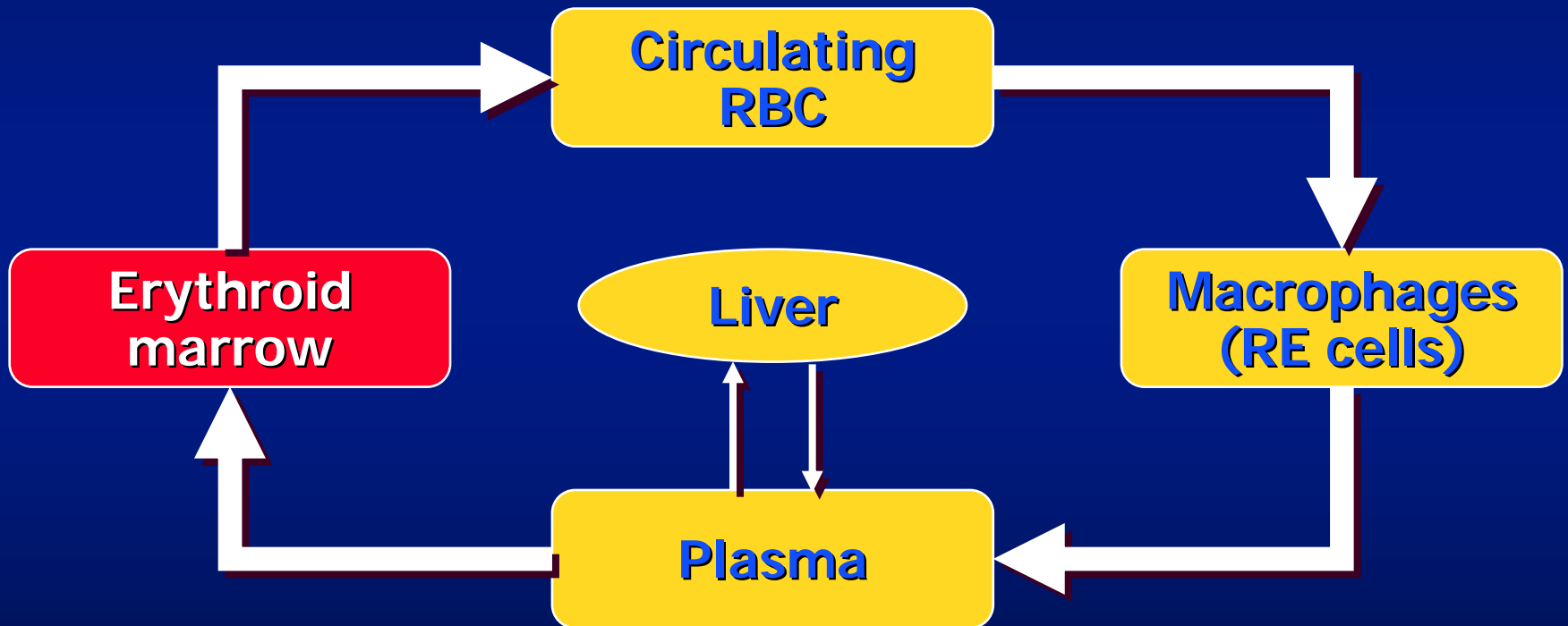


# SOLUBLE TRANSFERRIN RECEPTOR

sTfR

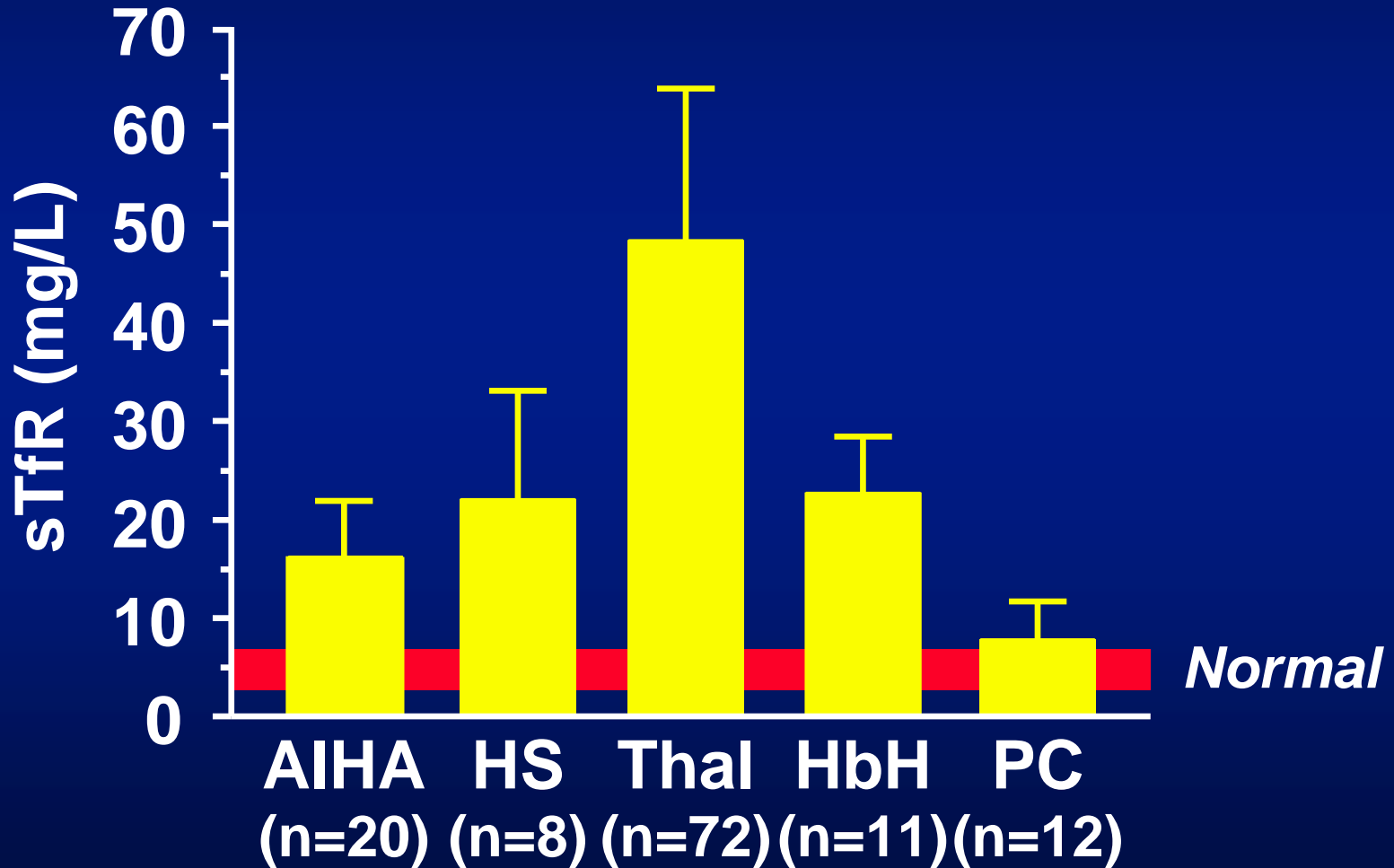
# IRON PARAMETERS

Erythroid marrow : sTfR



# SOLUBLE TRANSFERRIN RECEPTOR

## Hyperplastic erythropoiesis



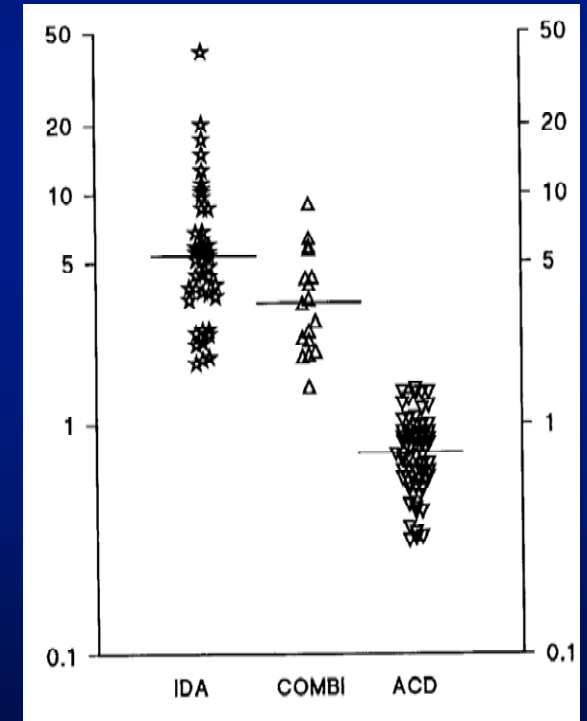
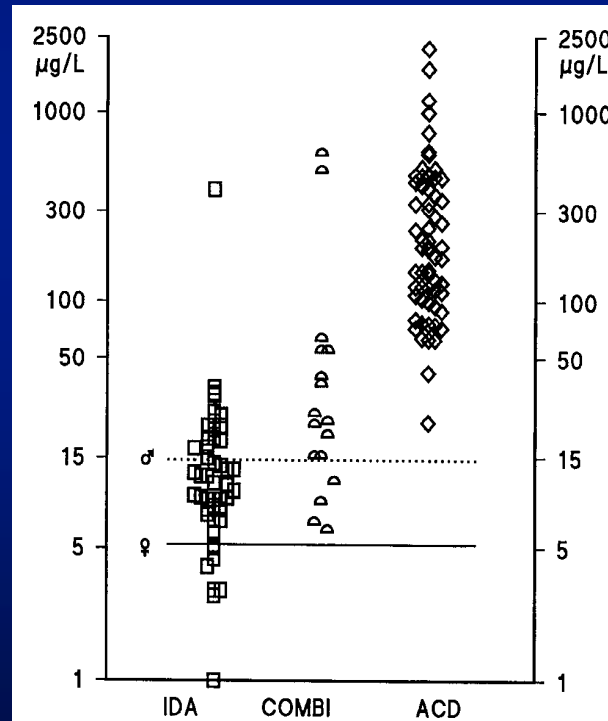
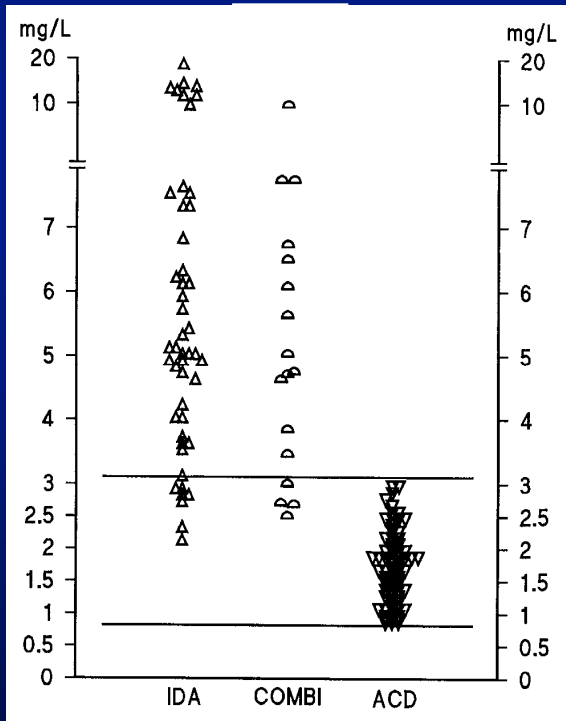
# SOLUBLE TRANSFERRIN RECEPTOR

## IDA vs ACD vs combined ACD+ID

sTfR

Ferritin

sTfR/log ferritin



Marrow iron



# RBC INDICES

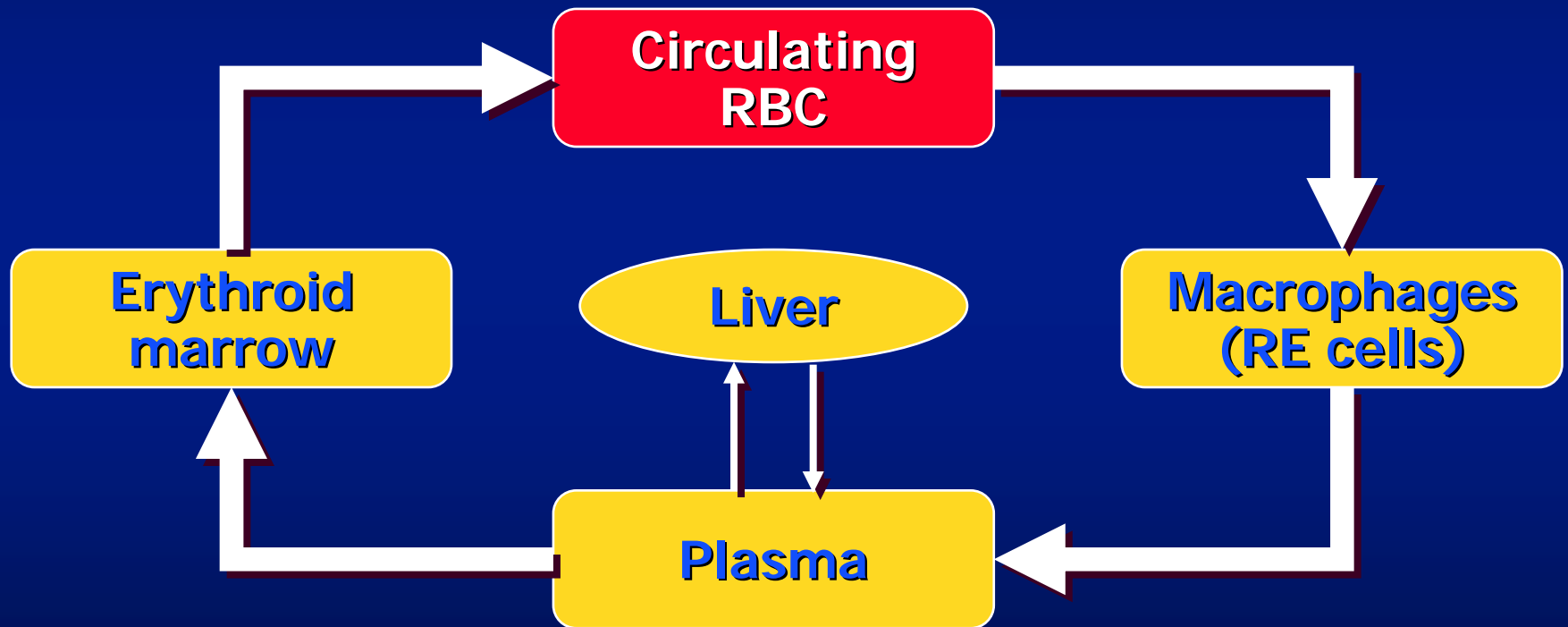
**HYP**

**&**

**CHr**

# IRON PARAMETERS

RBC iron : CHr and HYPO

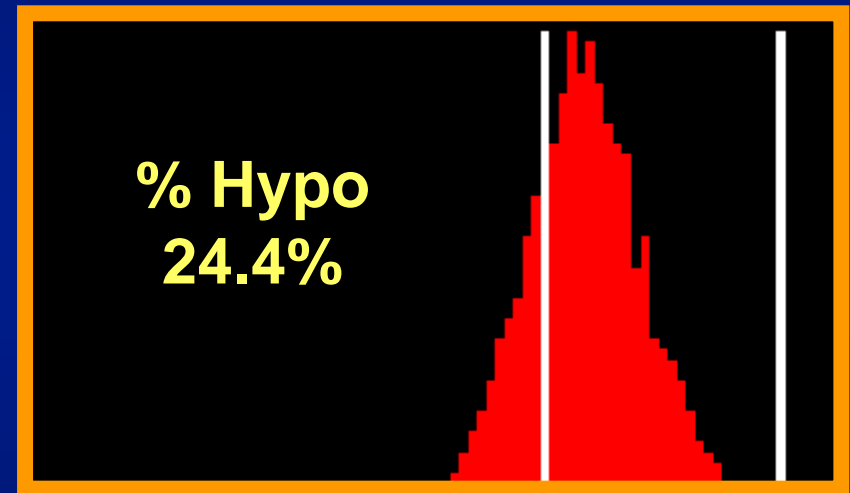


# RBC INDICES

## Hypochromic erythrocytes : HYPO

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- Normal < 5%
- Increased % HYPO (>5-10 %) indicative of iron deficient erythropoiesis  
(long-term)



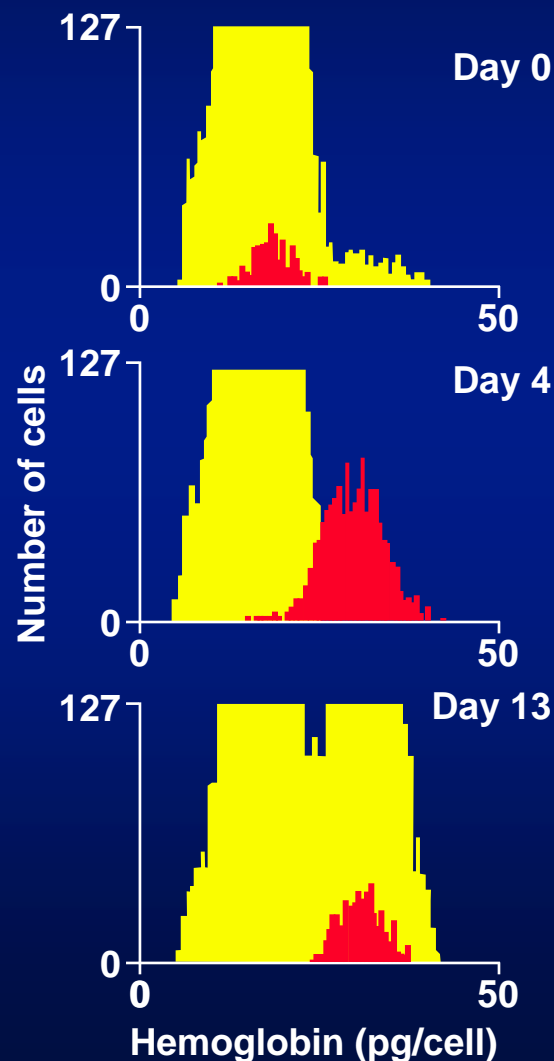
# RBC INDICES

## Hb content of reticulocytes : CHr

**ID anemia**

**Treatment with IV iron**

- Normal 26–30 pg
- Low CHr (< 26 pg) indicative of iron deficient erythropoiesis **(short-term)**



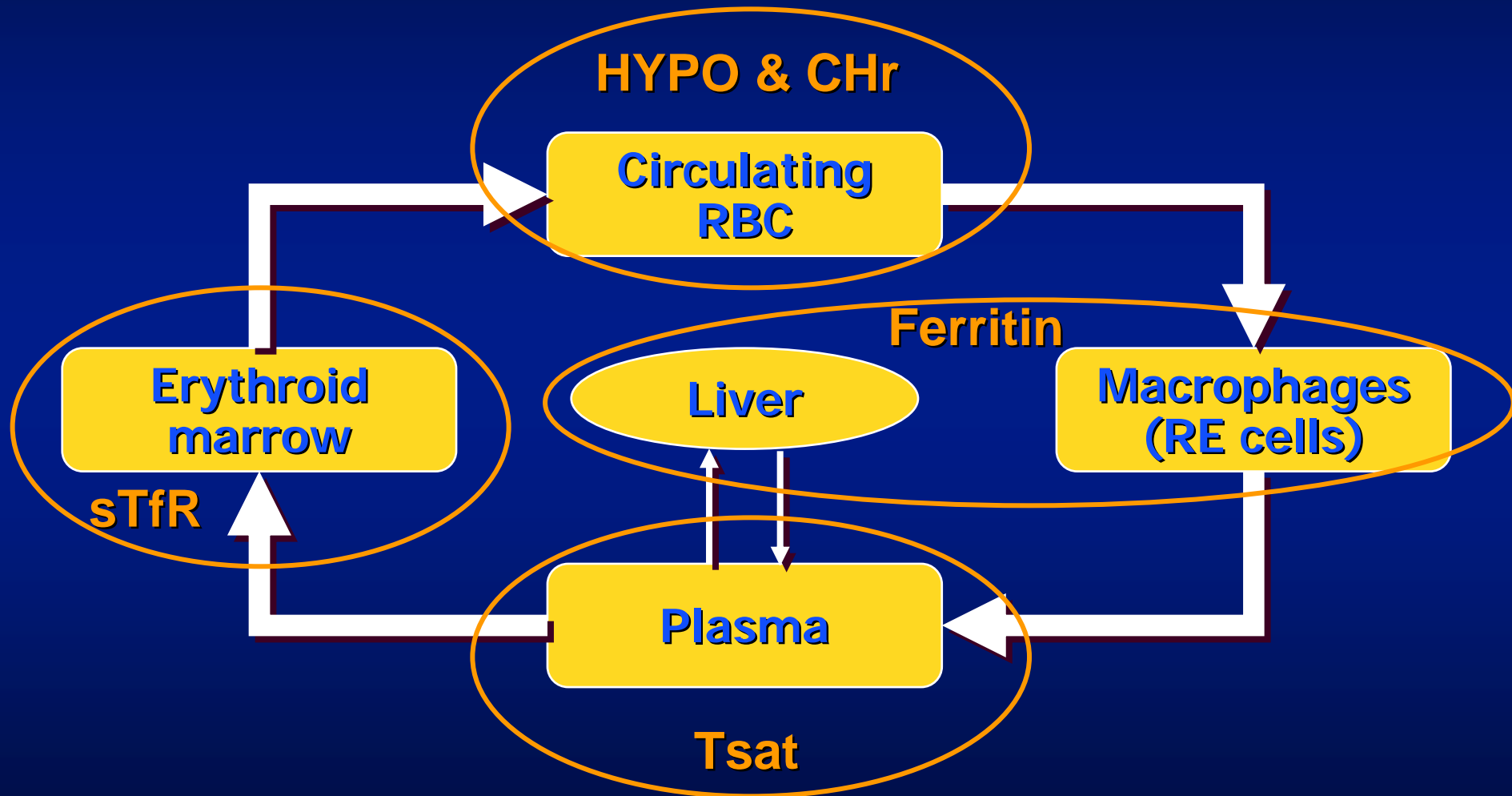
**Yellow : MCH**  
**Red : CHr**

# **IRON PARAMETERS**

## **SUMMARY**

# IRON METABOLISM

## Iron compartments



# IRON DEFICIENCY

# **IRON DEFICIENCY**

## **Disorders**

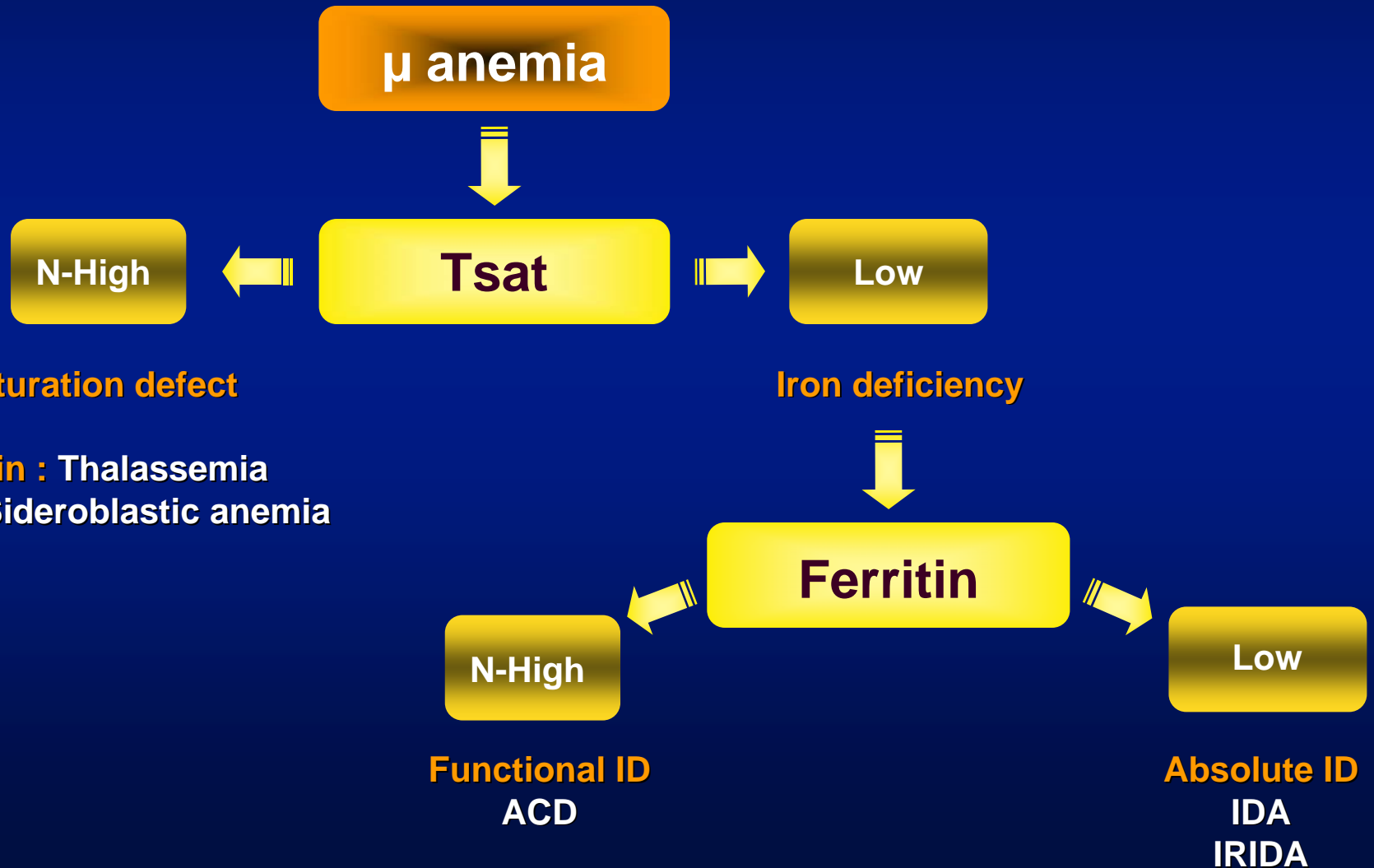
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- **Iron deficiency anemia (IDA)**
- **Functional iron deficiency**
  - **Inflammation**
  - **EPO therapy**
- **IRIDA**



# MICROCYTIC ANEMIA

## Differential diagnosis

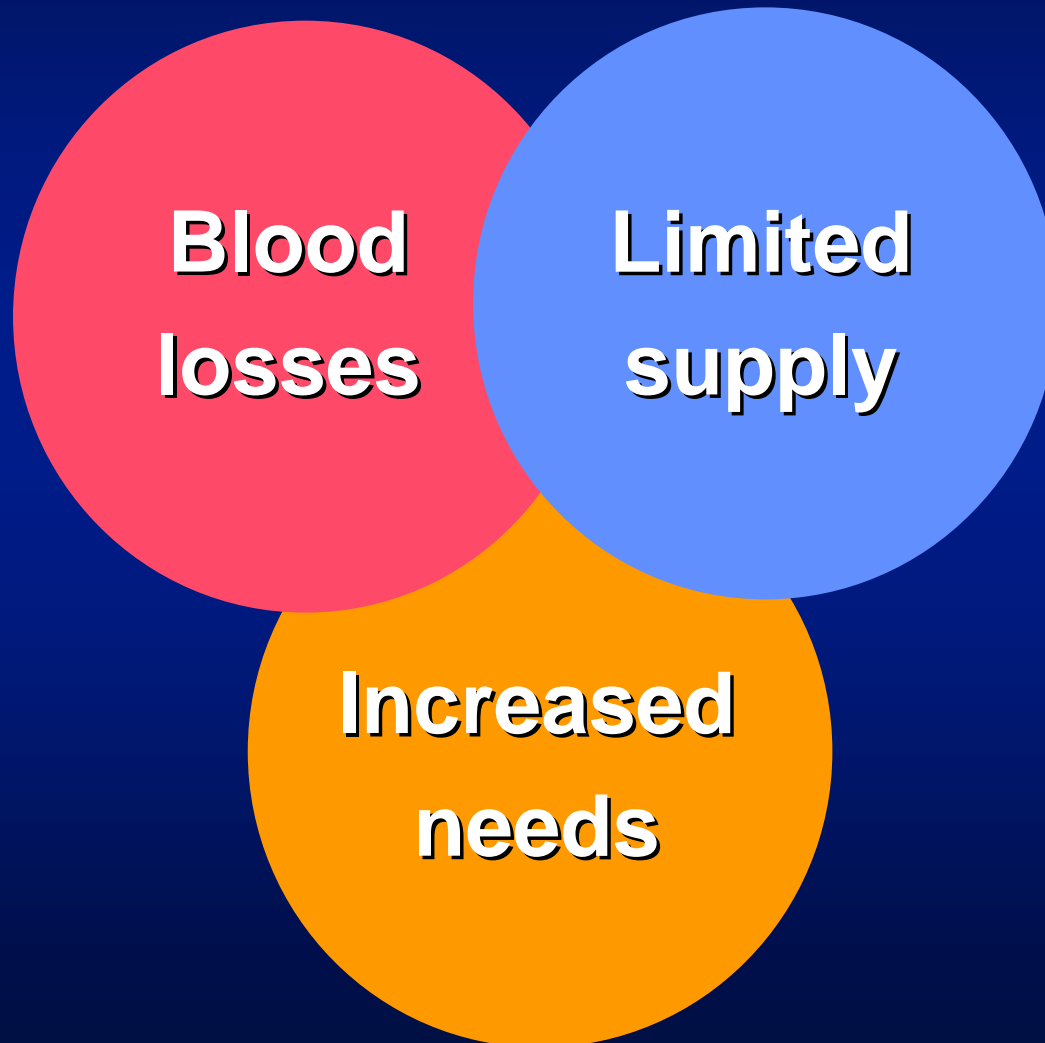


**IRON DEFICIENCY**

**IDA**

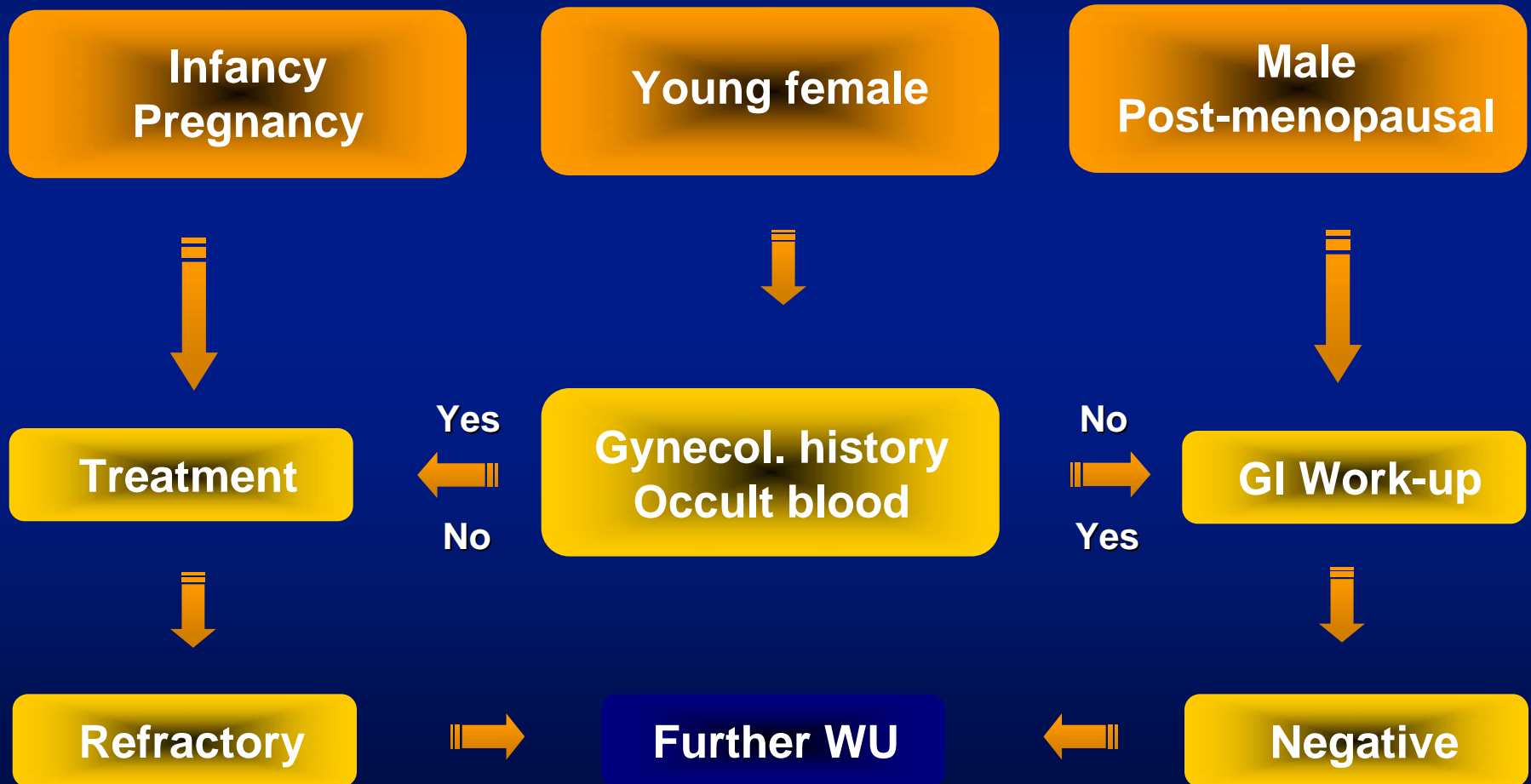
# IRON DEFICIENCY ANEMIA

## Etiology



# IRON DEFICIENCY ANEMIA

## Work-up



# IRON DEFICIENCY ANEMIA

## Additional work-up

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- **Celiac disease**
  - **Endomysial antibodies**
  - **Gliadin antibodies**
- **Autoimmune atrophic gastritis**
  - **Elevated gastrin**
  - **Parietal cell antibodies**
- **H. Pylori chronic gastritis**
  - **H. Pylori antibodies**
  - **Urea breath test**

# IRON DEFICIENCY ANEMIA

## Stages (1)

- Stage 1 : depletion of iron stores
  - Serum ferritin : ↓ to < 12 µg/L
- Stage 2 : iron-deficient erythropoiesis
  - Serum iron : ↓ < 60 µg%
  - Tf saturation ↓ < 15 %
  - % hypochromic RBC ↑ > 5 %
  - CHr ↓ < 26 pg
  - Soluble TfR ↑ > 7 mg/L
  - RBC protoporphyrin ↑ > 70 µg%
- Stage 3 : iron-deficiency anemia

# IRON DEFICIENCY ANEMIA

## Stages (2)

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- **Stage 1 : depletion of iron stores**
- **Stage 2 : iron-deficient erythropoiesis**
- **Stage 3 : iron-deficiency anemia**
  - **Hemoglobin :** ↓ < 12 gr/dl (F) 13.5 gr/dl (M)
  - **Hematocrit :** ↓ < 36 % (F) or 41 % (M)
  - **RBC :** N then ↓
  - **MCV :** ↓ < 80 fl (microcytosis)
  - **MCH :** ↓ < 28 pg (hypochromia)

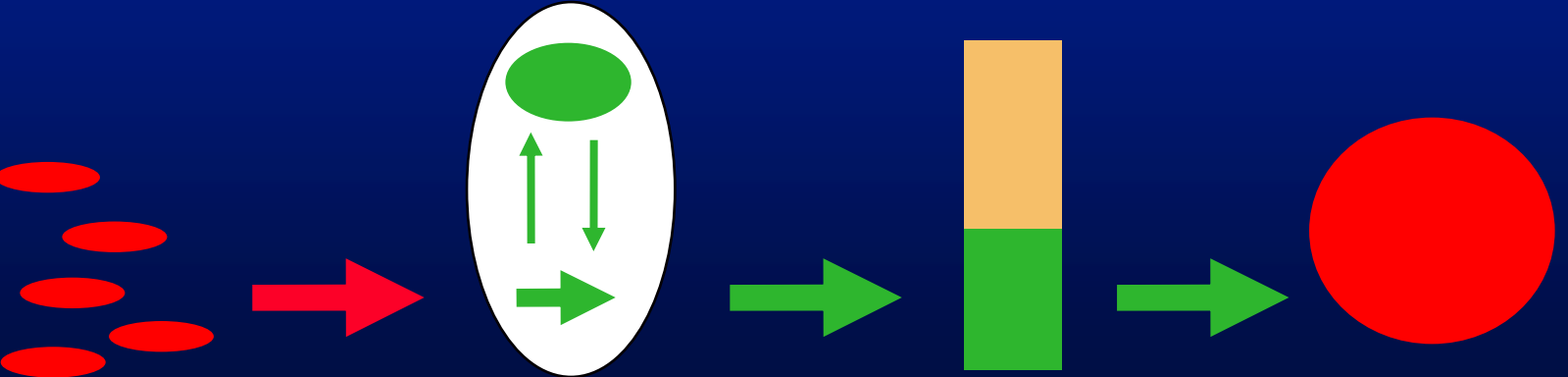
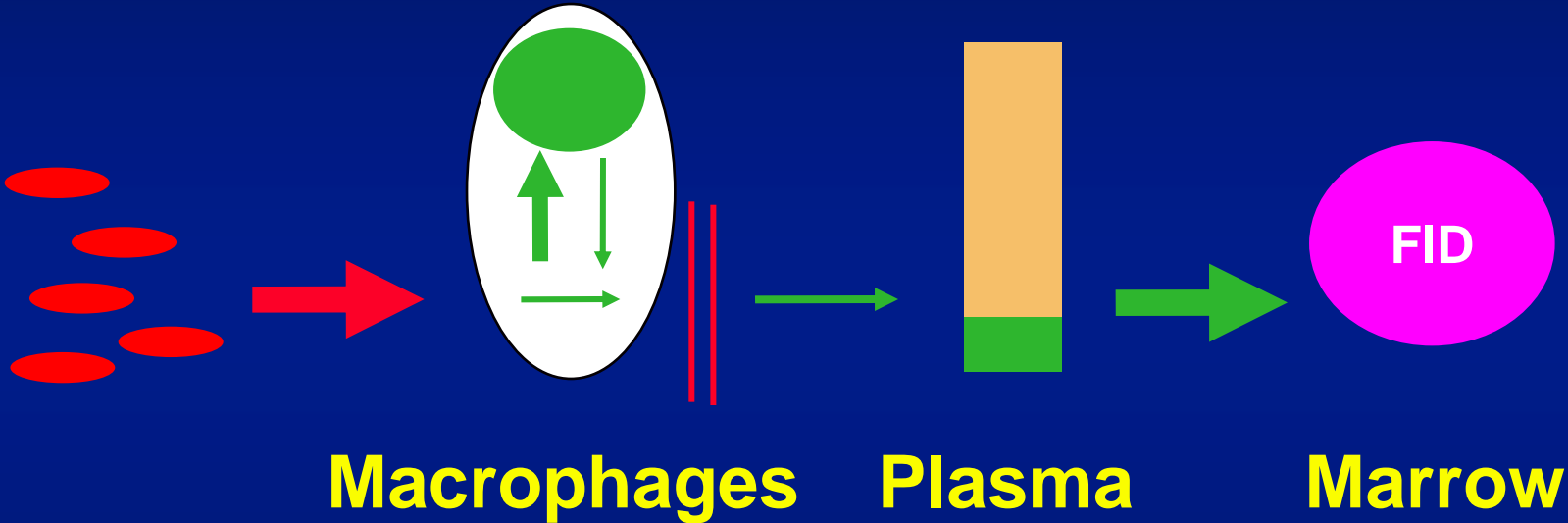
# **IRON DEFICIENCY**

## **Functional ID**



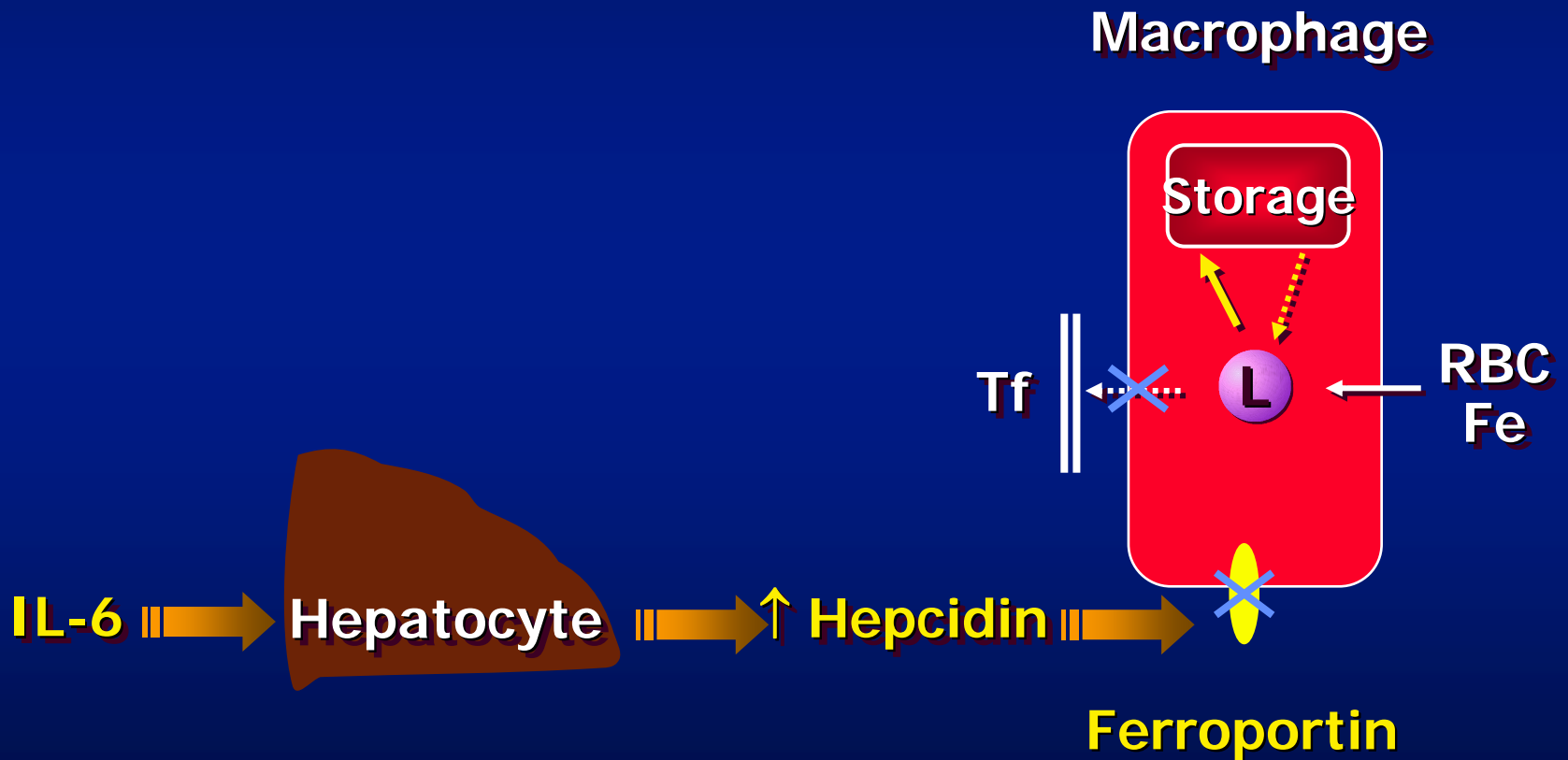
# FUNCTIONAL IRON DEFICIENCY

## Inflammation



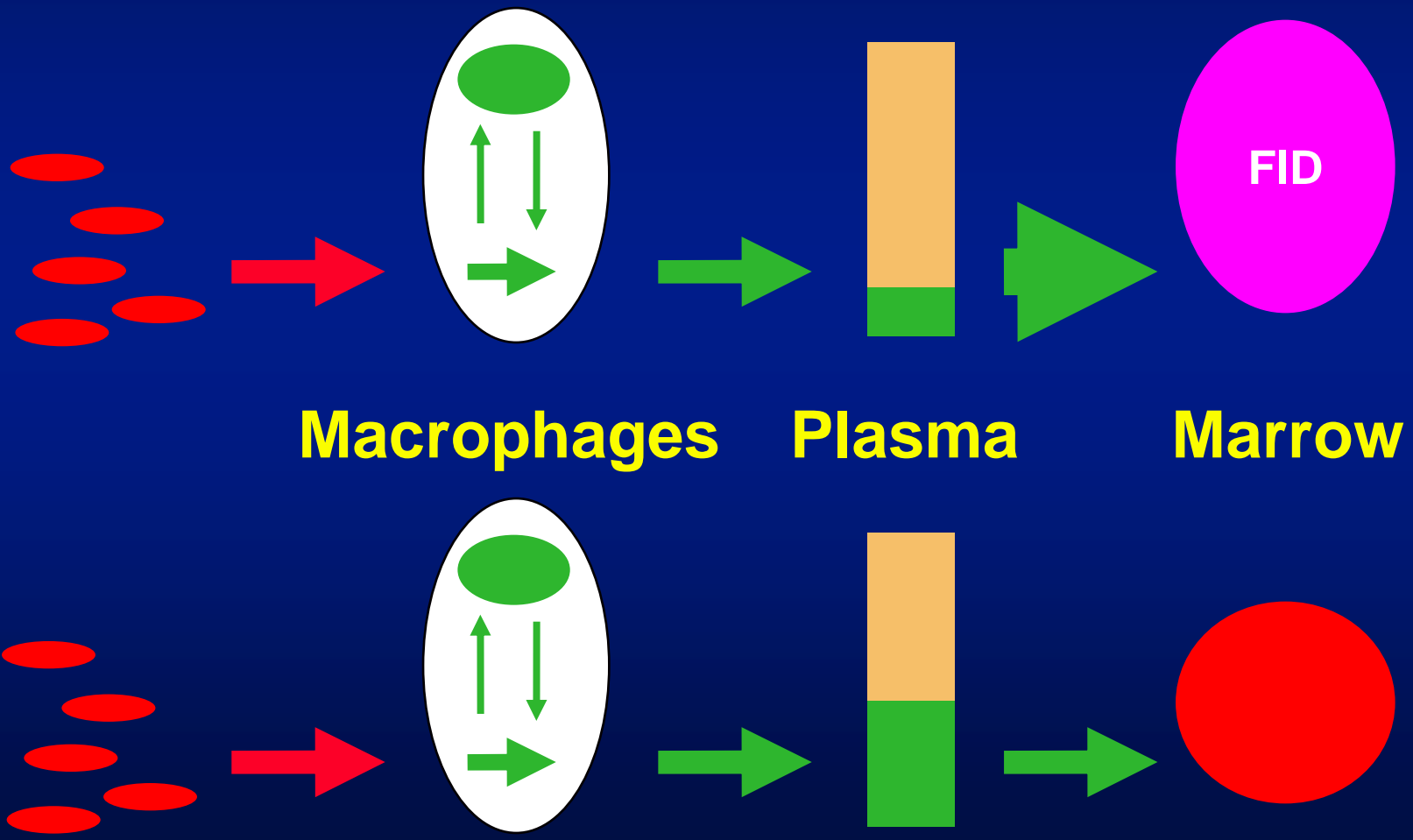
# HEPCIDIN

Mediator of inflammation ?



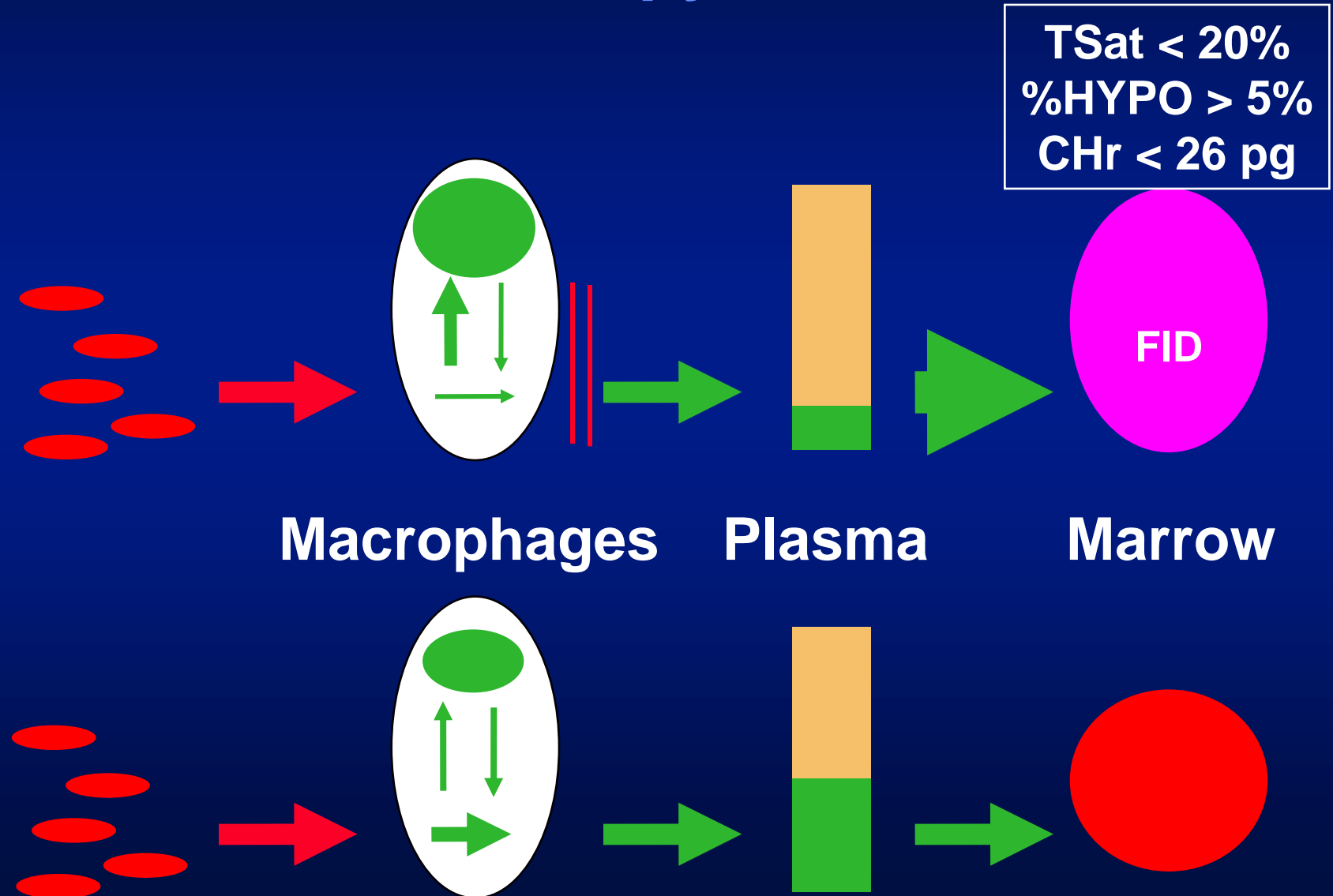
# FUNCTIONAL IRON DEFICIENCY

## EPO therapy



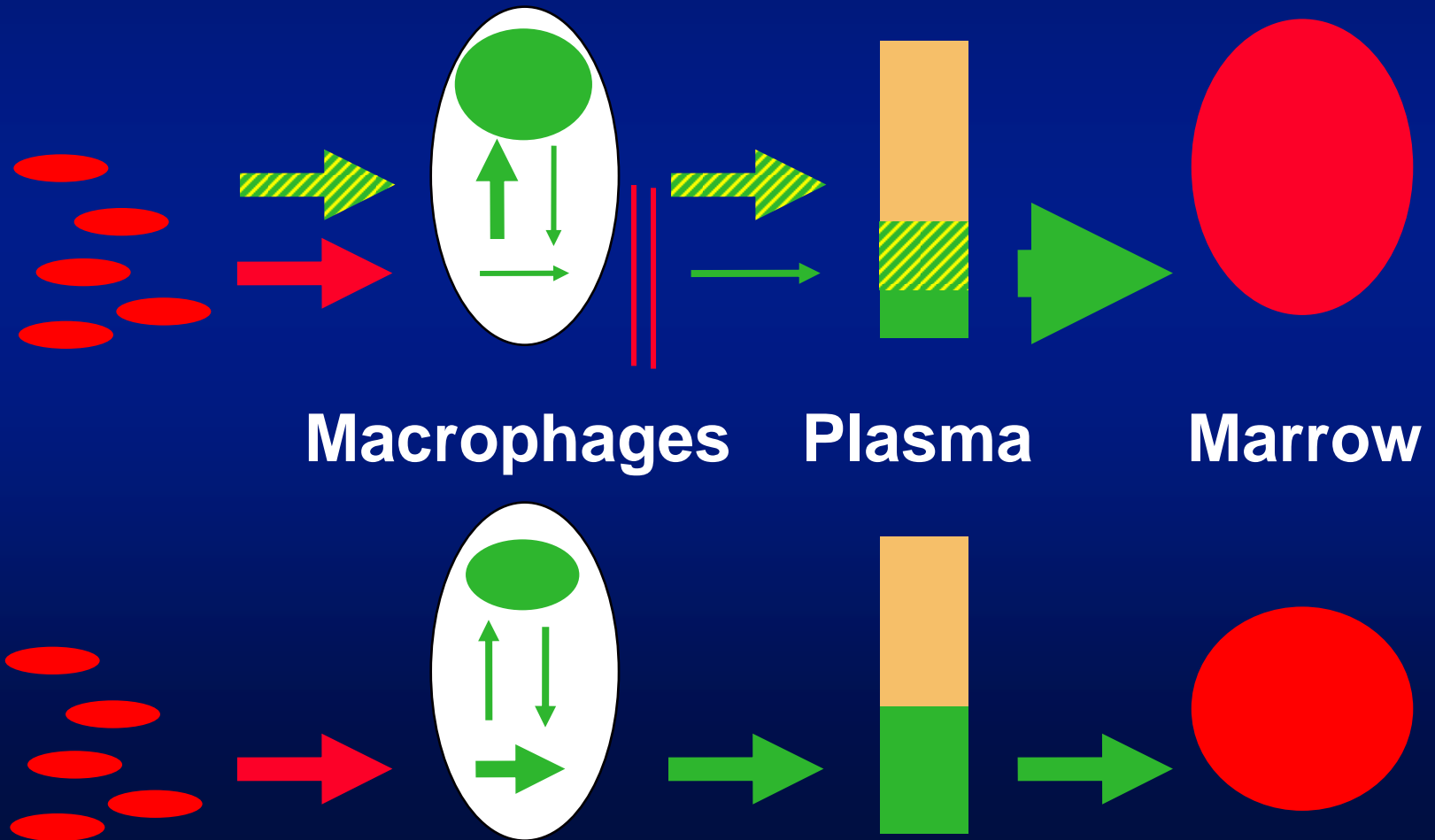
# FUNCTIONAL IRON DEFICIENCY

## EPO therapy in cancer



# FUNCTIONAL IRON DEFICIENCY

ACD + EPO therapy : IV iron

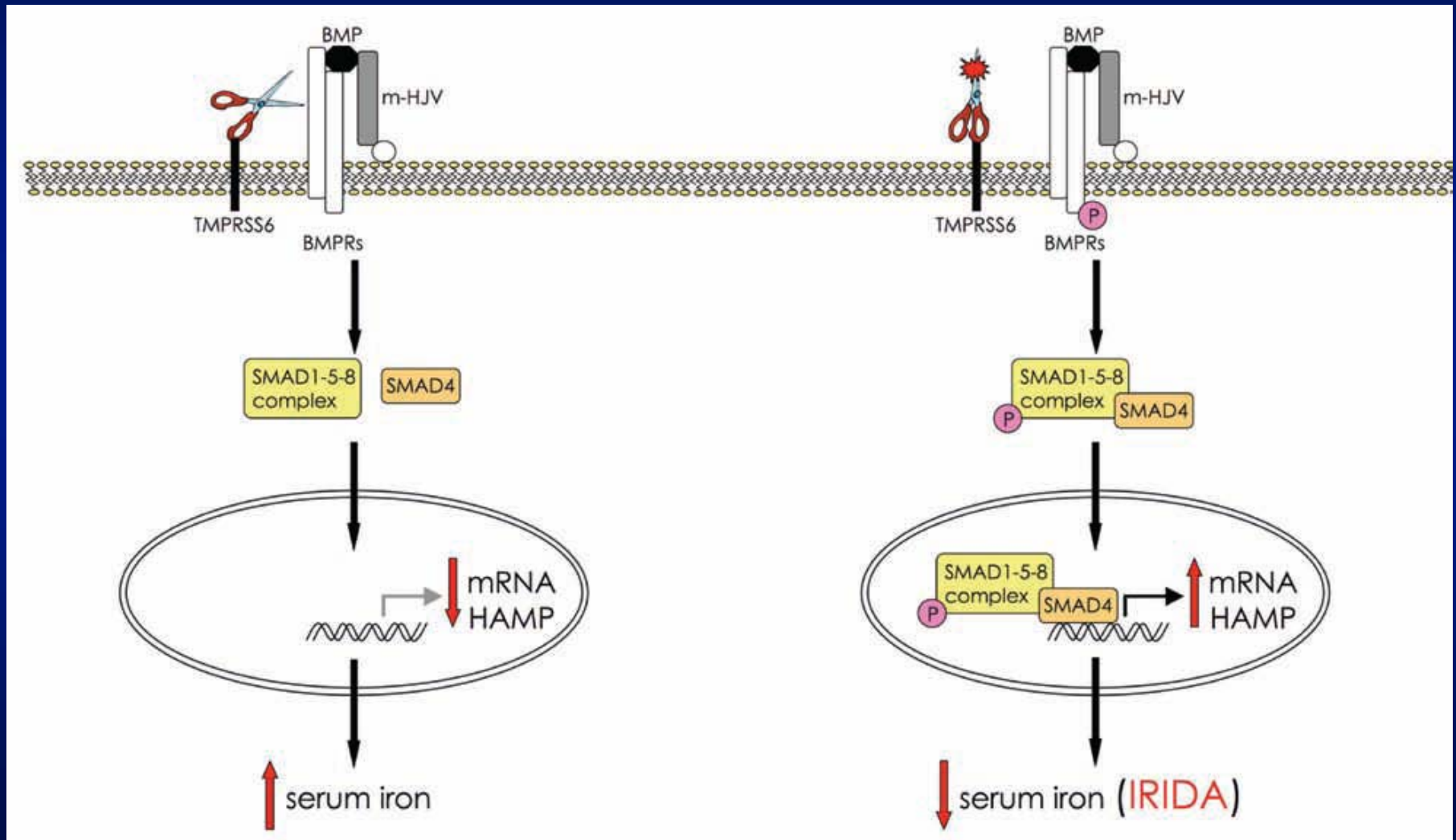


**IRON DEFICIENCY**

**IRIDA**

# IRON DEFICIENCY ANEMIA

## IRIDA



**IRON OVERLOAD**



# **IRON OVERLOAD**

## **Disorders**

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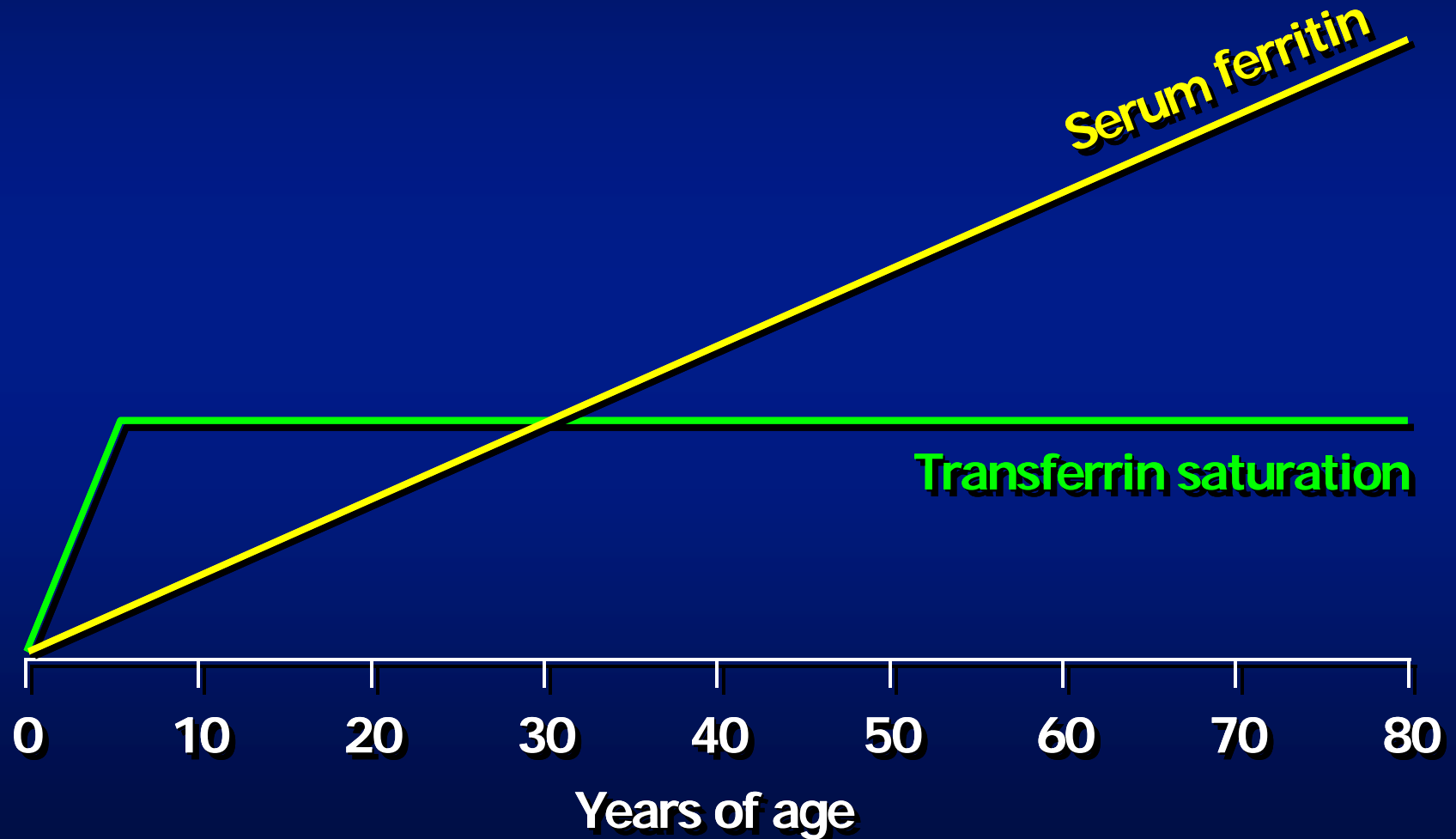
- **Genetic hemochromatosis**
- **Ferroportin disease**
- **Metabolic syndrome**
- **Secondary IO**

**IRON OVERLOAD**

**Genetic hemochromatosis**

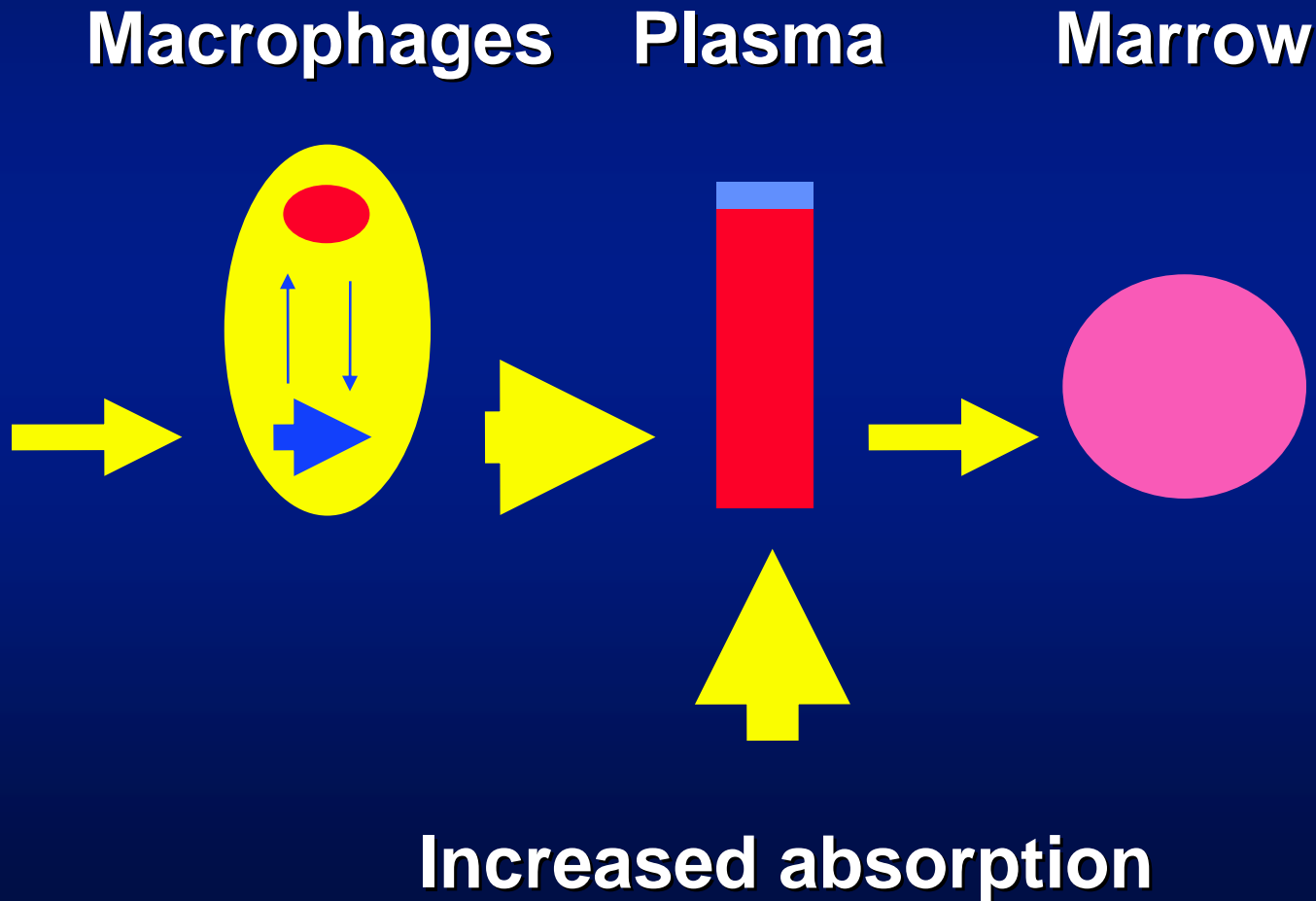
# HEREDITARY HEMOCHROMATOSIS

## Iron parameters



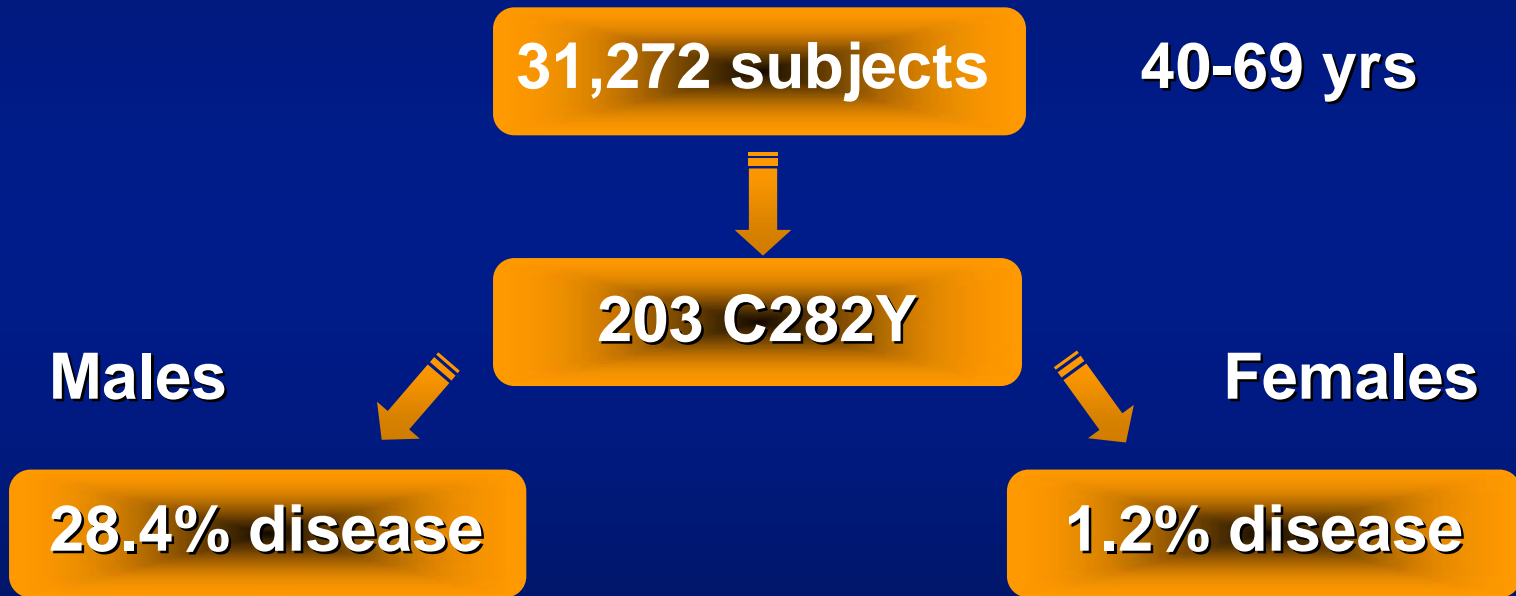
# IRON KINETICS

## Classical hemochromatosis



# HEREDITARY HEMOCHROMATOSIS

## Phenotypic expression



IO-related disease/symptoms

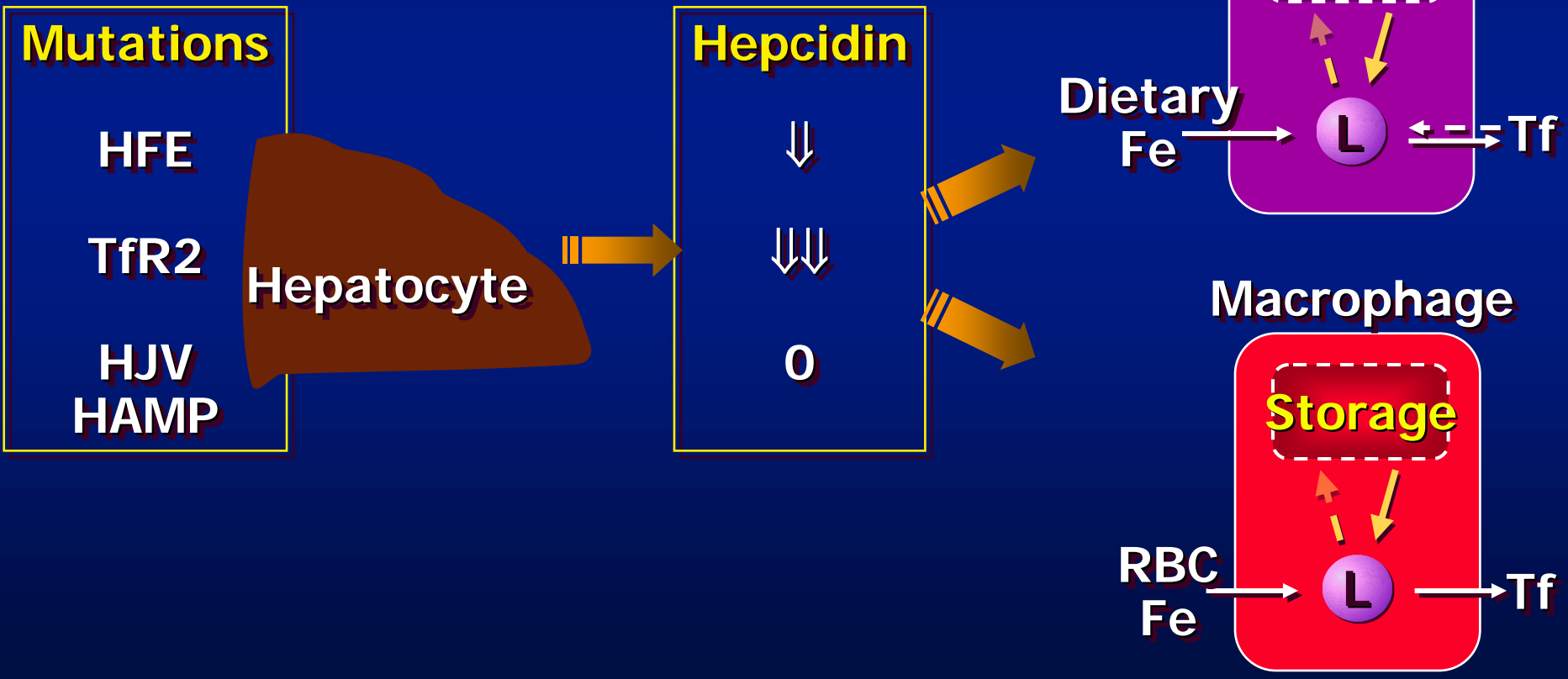
# HEREDITARY HEMOCHROMATOSIS

## Genetic classification

Disease	Gene	Chromosome	Inheritance	Phenotype
Type 1	HFE	6p	Recessive	Classic
Type 2 A	Hemojuvelin	1q	Recessive	Juvenile
Type 2 B	Hepcidin	19q	Recessive	Juvenile
Type 3	TfR 2	7q	Recessive	Intermediate
Type 4	Ferroportin	2q	Dominant	Atypical

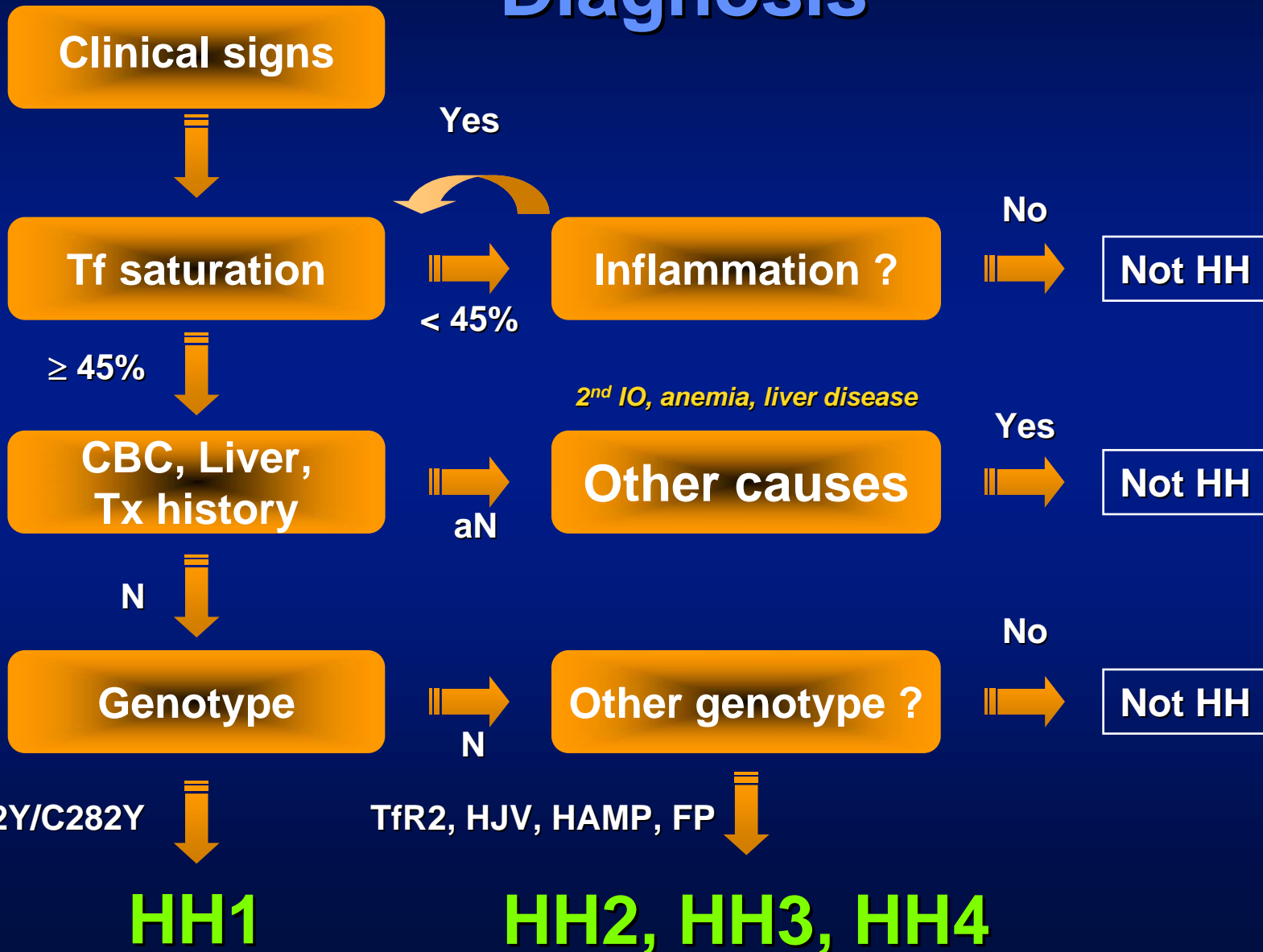
# HEPCIDIN

## Mediator of hemochromatosis ?



# HEREDITARY HEMOCHROMATOSIS

## Diagnosis





# HEREDITARY HEMOCHROMATOSIS

## Transferrin saturation

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- **If  $< 45\%$  :**
  - Excludes HH (except if inflammation)
  - Does not exclude IO :
    - Metabolic syndrome
    - Aceruloplasminemia
    - Ferroportin disease
- **If  $\geq 45\%$  : not specific**
  - IO
  - Anemias (hemolysis, ineffective erythrop., aplasia)
  - Liver disease (hepatitis, alcohol)

# **IRON OVERLOAD**

## **Ferroportin disease**

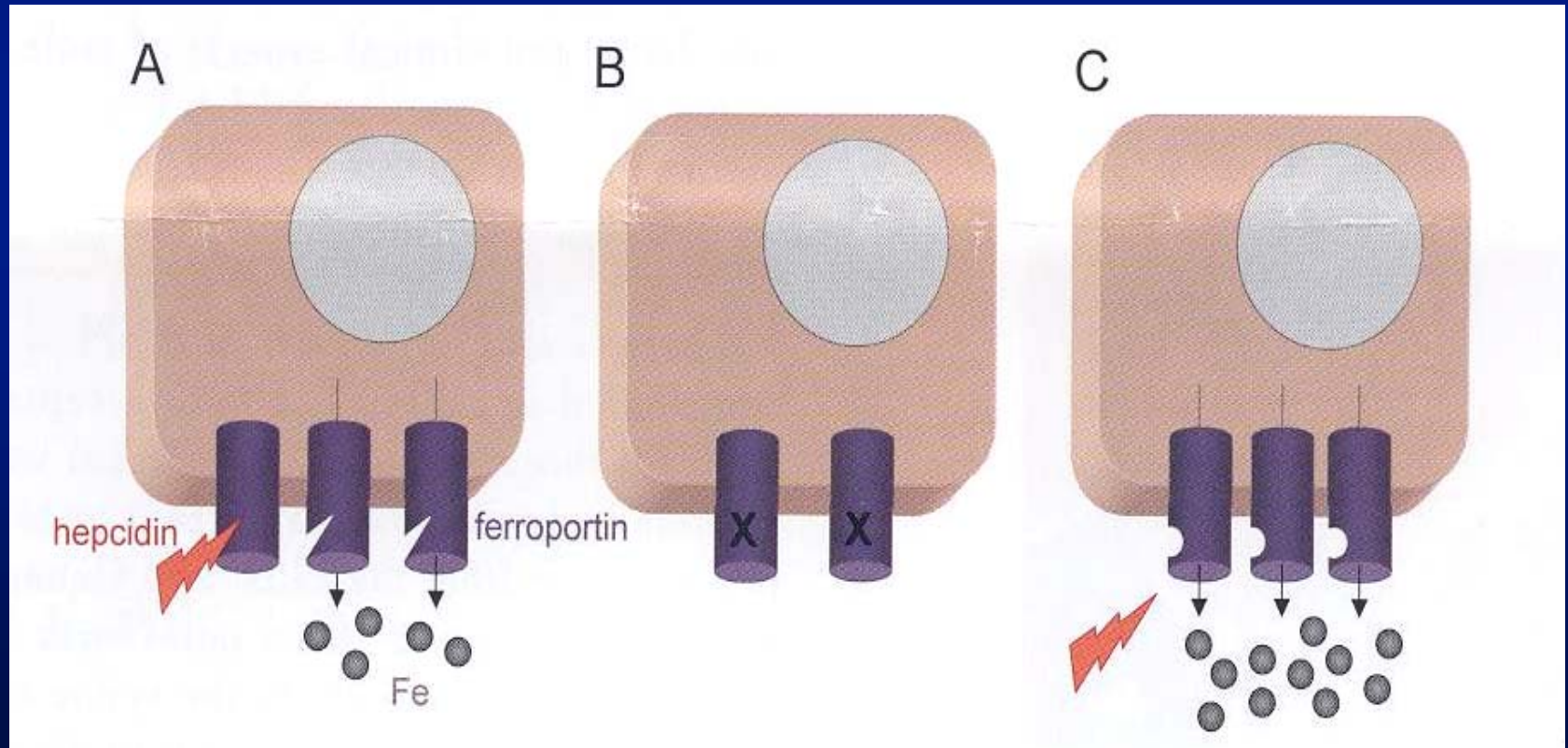
# HEREDITARY HEMOCHROMATOSIS

## Ferroportin

Normal

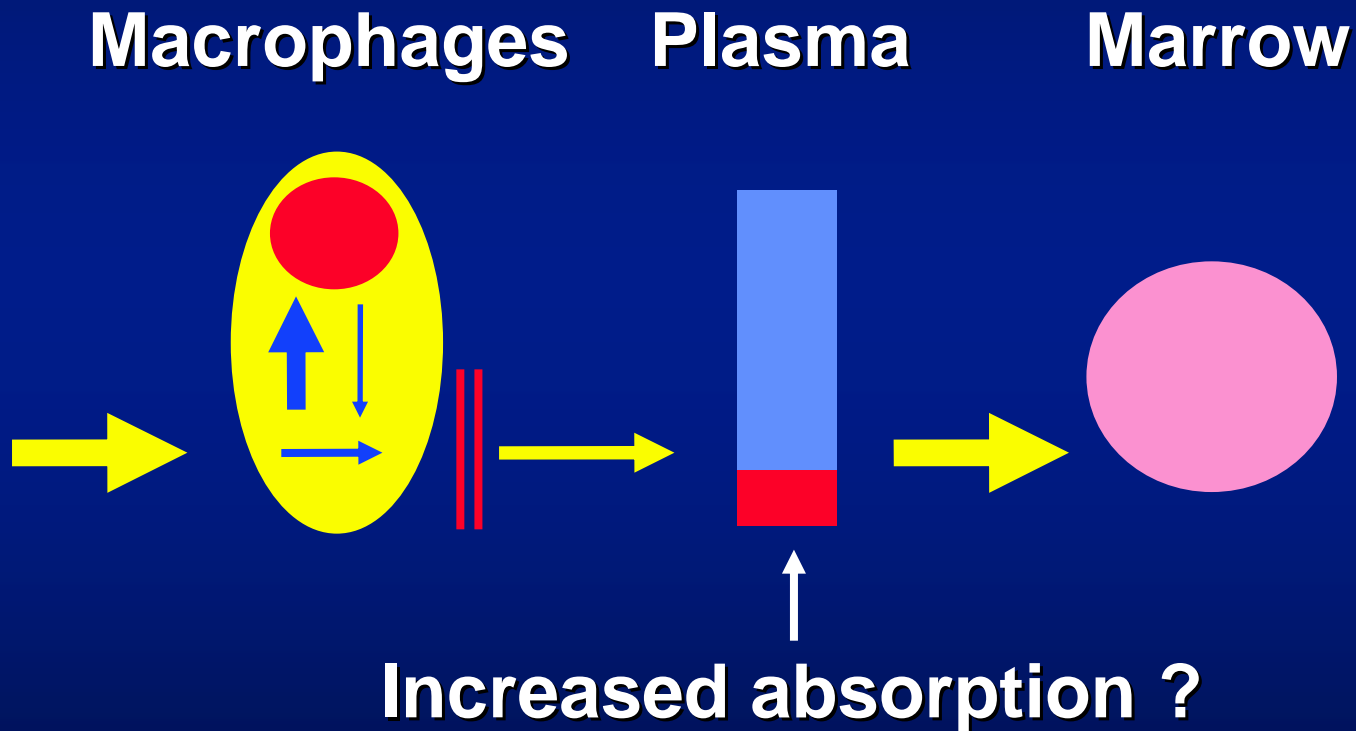
Class 1 mutation  
Loss of function  
**FP disease**

Class 2 mutation  
Gain of function  
**HH4**



# IRON KINETICS

## Ferroportin disease



- Only some have IO
- Phlebotomy → anemia

**IRON OVERLOAD**

**Dysmetabolic syndrome**

# IRON OVERLOAD

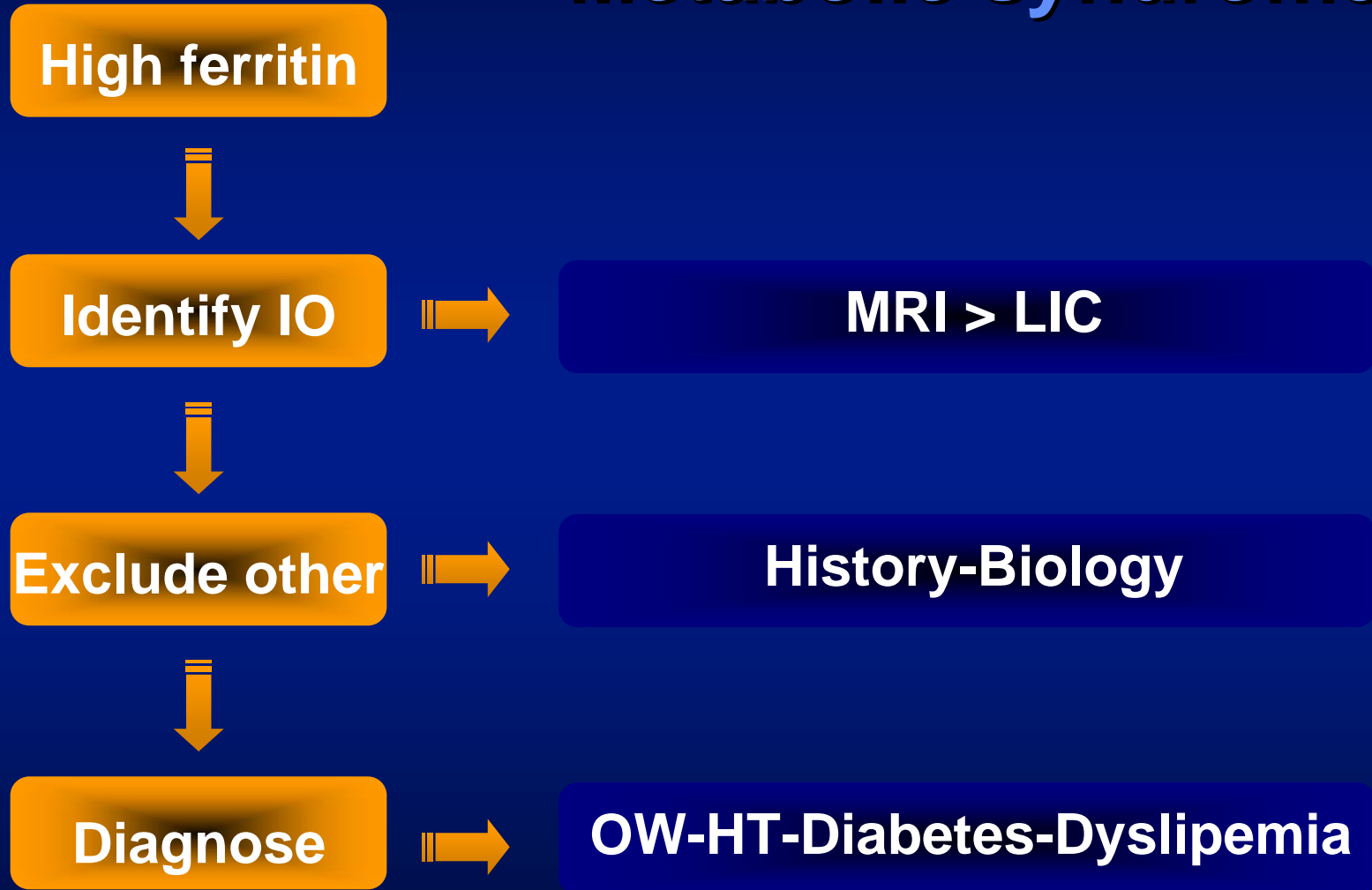
## Dysmetabolic hemosiderosis

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- **Iron overload (Kupffer > hepatocytes) :**
  - ↑ ferritin (up to 1000-1500)
  - Normal T<sub>sat</sub>
- **Multiple dysmetabolic disorders**
  - Obesity
  - Dyslipemia
  - Liver steatosis
  - Hypertension
  - Glucose intolerance / diabetes

# IRON OVERLOAD

## Metabolic syndrome



**IRON OVERLOAD**

**Secondary IO**



# TRANSFUSIONAL IRON OVERLOAD

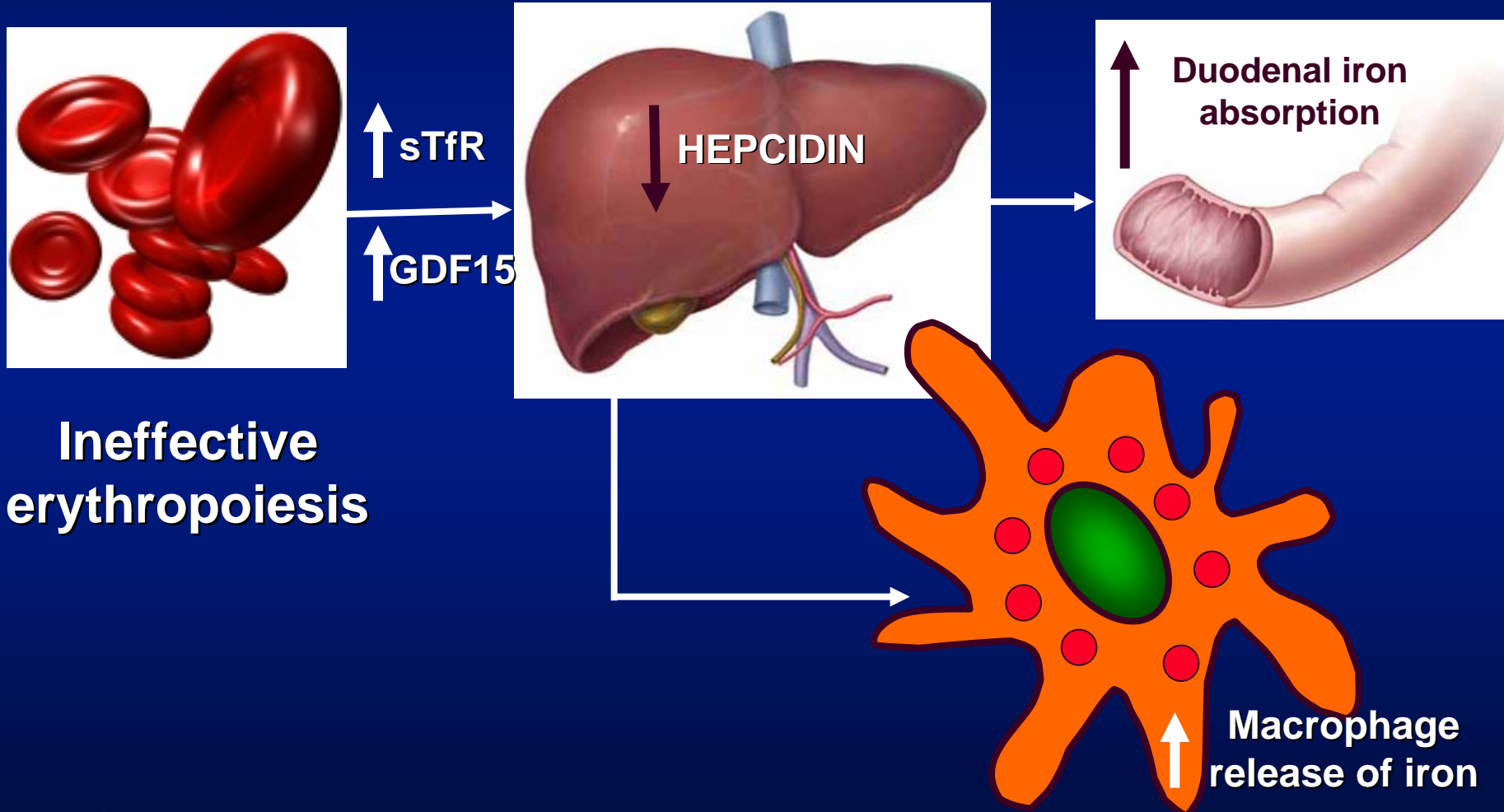
## Iron loading : transfusions



- 1 blood unit = 200 mg iron
- 2 units / month  
= 24 units / year  
= 100 units / 4 years  
= 5 g iron / year
- Normal body iron = 3-4 g  
Iron overload after 10–20 U  
100 units = 20 g

# TRANSFUSIONAL IRON OVERLOAD

Iron loading : ineffective erythropoiesis



# TRANSFUSIONAL IRON OVERLOAD

## Hepatic iron

