

Abstract

Hemochromatosis is a rare cause of cirrhosis due to iron overload and deposition of iron in the different organs of the body which results in potentially reversible damage if identified and treated early. However, in clinical practice, there might be multiple coexisting etiologies that would have contributed for cirrhosis in the same patient. Here we present a case of 32 years old gentlemen with history of alcohol misuse for 8 years and been abstinence for 4 years presented with abdominal distention and lower limb swelling over a period of one week duration following episode of acute gastroenteritis. His BMI is 27.4kg/m^2 and there was generalized dark complexion. He was diagnosed to have decompensated cirrhosis with iron overload and histological evidence of iron deposition in the liver parenchyma with evidence of macrovesicular steatosis ballooning degeneration. On initial presentation his serum ferritin was 2923 ng/ml with transferrin saturation-92.59%. He underwent regular venesection and oral iron restriction resulting reduction of serum ferritin to 887ng/dl over period of 12 months and was stable in child B state. Here we emphasize that hemochromatosis can be coexist with other etiologies that can contributed for cirrhosis.

