Abstract

Juvenile Haemochromatosis (JH) is a form of hereditary hemochromatosis that presents with endocrine, cardiac, and liver involvement at a young age. Here we report a case of 39-year-old female who presented with diabetes mellitus, secondary amenorrhea and dilated cardiomyopathy with Mobitz type II heart block from previously unrecognized JH. JH should be suspected in young patients who present with features of iron overload. Early diagnosis of the disease is important for proper treatment with venesection**,** which can reduce the complications and improve the outcome.