

中文題目：治療性放血於中藥引起之續發性血鐵沉著症之應用

英文題目：Therapeutic Phlebotomy: A Successful Strategy for Chinese Medicine-induced Secondary Hemochromatosis

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### Case Report

A 37-year-old man without any known disease presented to our emergency department with jaundice and tea-colored urine. He had used Chinese medicine for one month prior to the presentation. Laboratory profile showed elevated liver enzymes (GOT:885 IU/L, GPT:2002 IU/L), direct hyperbilirubinemia (T-bil:15.8mg/dL, D-bil: 8.63mg/dL), significantly high ferritin level and transferrin saturation. Prussian blue stain of liver biopsy disclosed grade 2 granular iron deposition within the hepatocytes, compatible with hemochromatosis.

His liver enzymes began to decline one week after discontinuation of Chinese medicine. However, bilirubin level kept rising associated with clay stool, dizziness and malaise. Therapeutic phlebotomy was performed with the regimen of 500ml weekly for three consecutive weeks. The bilirubin level started to decrease since the first phlebotomy and continued to decline after each therapy. Genetic testing of HFE and TFR2 mutation were undetectable. The patient's bilirubin level normalized 2 months later and remained normal despite suspending phlebotomy for 6 months. Secondary hemochromatosis related to Chinese medicine was diagnosed according to his clinical course.

In this case, therapeutic phlebotomy may play a crucial role in the treatment of secondary hemochromatosis.