

# Guidelines for Investigations of Elevated Ferritin and testing for Hereditary Haemochromatosis (HH)

**Raised serum ferritin (>300mcg/L men, >200mcg/L women)**

**History and examination**

**Investigations: Repeat ferritin, fasting transferrin sats, FBC, LFT**

- History of HH in first degree relative
- Fasting transferrin saturation >45%
- Unexplained abnormal liver function
- Clinical features of suspicion of HH
  - Arthralgia / arthritis
  - Skin pigmentation, asthenia
  - Diabetes, amenorrhoea, secondary hypogonadism, loss of libido, impotence
  - Congestive cardiac failure
  - Hepatomegaly

**HFE genetic testing**

<http://hospital.blood.co.uk/diagnostic-services/hi/hi-test-request-forms/>

**Negative**

**Consider non-HFE mutations**

**Consider Gastroenterology referral**

**Positive**

**Routine referral to Haematology**

**FBC abnormal – Anaemia**  
**Fasting Tsat – raised**  
**(>50% men, >40% women)**

**Discuss with Haematology via ‘Advice and Guidance’**

**Fasting Tsat – normal**

**Fasting Tsat – normal and**  
**Serum ferritin - >1000mcg/L**

**Refer to Hepatology**  
**For consideration of evaluation of LIC by MRI or liver biopsy**

**Consider**

- Inflammatory disorders
- Alcohol abuse, Hepatitis C infection
- Metabolic syndrome
- Malignancy

**If yes, treat underlying cause and monitor to ensure resolves**

**If no and repeat ferritin <1000mcg/L**  
**Repeat after 6 months**