

C17 – HEMOCHROMATOSIS-LIVER, LUNG, HEART



Twenty five years old male had left sided pleural effusion clinically diagnosed as left sided pleural effusion of tubercular etiology with iron deficiency anemia and hypoproteinemia. He expired three days after hospital admission and clinical autopsy performed.

GROSS:- (i) Rectangular slice of liver tissue measuring 3x2.5 cms shows a brown coloured irregular area in the centre.

MICROSCOPY:- Sections studied from the brown coloured area shows presence of yellowish brown granular pigment in the hepatocytes kupfer cells and the portal tracts. The hepatocytes showed fatty change. The triangular piece of liver tissue which also showed brown coloured area proved perl's reaction positive, thus confirming the pigment to be of iron.

(ii) A piece of lung tissue measuring 4 x 2 cms. Shows a yellowish coloured area in the centre measuring 0.4 cms. The remaining parenchyma appears normal.

MICROSCOPY:- Section studied from the lung showing brown coloured shows the presence of yellowish brown granular pigment. Good number of heart failure cells are seen in the alveoli.

A similar lung tissue piece showing dark brown coloured gave positive perl's reaction, confirming the pigment to be, that of iron.

(iii) A piece of heart tissue measuring 3x1.5 cms., on inspection shows linear dark coloured areas.