

which acquired a complete remission at leukemic stage after chemotherapy or bone marrow transplantation.

Atransferrinemia as Determined by the Radioassay of Total Iron-Binding Capacity of the Serum (TIBC)

H. SAITO

Department of Radiology

Y. KATO, T. SUZUKI, and H. KATO

Department of Internal Medicine, Nagoya University School of Medicine

By the radioassay of TIBC in 600 cases, we found a patient with acquired atransferrinemia, who was diagnosed as hypoproteinemia probably due to protein losing gastroenteropathy (PLE).

This patient was a 24 year old female whose chief complaint was edema. She had soft stool since her childhood. Her total protein was $5.0 < 2.8$ g/dl. Transferrin was $37 < 71$ mg/dl by immunodiffusion method, TIBC was 50 to 91 μ g/dl, and serum iron was $25 < 35$ μ g/dl.

Ferrokinetics study revealed the pattern of iron

deficiency anemia and at the same time radioiron deposition in the liver.

Iron absorption was 33 % by whole body counting. ^{131}I -SA plasma disappearance rate was 41 %/day. Her anemia was alight, and hypochromic. Intestinal blood loss was normal ($0.17 < 1.1$ ml/day). Liver cirrhosis, malabsorption syndrome, and nephrotic syndrome were ruled out.

Five congenital, and 4 acquired atransferrinemia have been reported so far, and this is the first case of acquired atransferrinemia in Japan.