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)**

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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 immuno-diffusion method, TIBC was 50 to 91 μg/dl, and serum iron was 25<35 μg/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. 131I-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.