

# Seizure in a man 3 weeks after iv iron infusion

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## Background

Iron deficiency anaemia is common in the elderly population and increasingly, we give intravenous preparations of iron as it is more effective in raising hemoglobin and does not cause constipation

## Clinical case

An 86 year old man with a significant cardiac history and iron deficiency anemia presented to the ED due to seizure.

A CT head and angio showed no acute abnormality. 3 weeks prior to the event, he had iv ferric carboxymaltose for a long standing iron deficiency anemia for which the cause is unclear after extensive investigation.

On admission, phosphate was 0.38, Parathyroid hormone-84 adjusted calcium-2.02, vitamin D-75.

The clinical presentation and the biochemistry is very classical of a side effect of ferric carboxymaltose(ferri inject).

This is a hyperphosphaturic hypophosphatemia caused by FGF-23, resulting in low 1.25, DHCC, hypocalcemia and secondary hyperparathyroidism.

Patient had over a course of month several intravenous and oral phosphate replacement before phosphate levels stabilized.

His intravenous iron was switched to ferric derisomaltose(diafer) and he did not experience any further episodes of hypophosphatemia.

## Conclusion

It is important to recognize that ferric carboxymaltose can result in low phosphate and also be aware of the clinical presentation and biochemical abnormalities. Derisomaltose is less likely to cause hypophosphatemia and should be considered as an alternative.



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