Patricia Bowen Library & Knowledge Service
Email: chelwest.library.infoservice@nhs.net
Website: http://www.library.wmuh.nhs.uk/wp/library/

West Middlesex University Hospital

Jump to search strategy

Disclaimer: database and or Internet searches are subject to the limitations of both the database(s) searched, and by your search request. It is the responsibility of the requestor to determine the accuracy, validity and interpretation of the results.

Please acknowledge this work in any resulting paper or presentation as; Facial Pigmentation and Ferrinject; Louise Levitt. [18-19 August 2025], Isleworth, UK: Patricia Bowen Library & Knowledge Service.

Date of Search: 18-19 August 2025

Sources Searched: Medline; Embase

To access papers:

- Follow the link below the article.
- Sign in with your OpenAthens account if prompted. If we have access, you will be taken through to the article. If we don't, you can follow the "request this item" link to request it for free.
- Don't have OpenAthens? Sign up here: https://openathens.nice.org.uk/

Facial Pigmentation and Ferrinject

1. **Axillary Cutaneous Hemosiderosis in a Patient With Hyperhidrosis, After Intravenous Iron Infusion.**

   Item Type: Journal Article

   Authors: FernandezFlores A.;FernandezParrado M.;AlzoghbyAbi Chaker J. and Angulo, A. G.

   Publication Date: 2023

   Journal: American Journal of Dermatopathology 45(7), pp. 463–465

   Abstract: Hemosiderosis consists of an iron deposit in tissues, which does not cause organic damage to them. However, in the case of the skin, being an organ exposed to sight, siderosis can produce a brownish coloration that is aesthetically discomforting for the individual. Most cutaneous sideroses are because of venous insufficiency with hemorrhagic extravasation. There is also a group secondary to iron extravasation in the injection site of the transfusion. However, there are very few cases in which an intravenous injection of an iron preparation has produced diffuse siderosis in extensive areas of the skin. We present the case of a 31-year-old woman with hyperhidrosis, who was transfused as a result of postpartum hemorrhage and, shortly after receiving an intravenous iron infusion, developed extensive hyperpigmentation in both axillae.

URL: https://libkey.io/libraries/2828/openurl?genre=article&sid=OVID:embase&id=pmid:37249371&id=doi:10.1097%2FDAD.0000000000002461&issn=0193-1091&isbn=&volume=45&issue=7&spage=463&pages=463-465&date=2023&title=American+Journal+of+Dermatopathology&atitle=Axillary+Cutaneous+Hemosiderosis+in+a+Patient+With+Hyperhidrosis%2C+After+Intravenous+Iron+Infusion&aulast=Fernandez-Flores&pid=%3Cauthor%3EFernandez-Flores+A.%3BFernandez-Parrado+M.%3BAlzoghby-Abi+Chaker+J.%3BAngulo+A.G.%3C%2Fauthor%3E%3CAN%3E2025386012%3C%2FAN%3E%3CDT%3EArticle%3C%2FDT%3E

2. **Extensive skin hyperpigmentation following intravenous iron infusion.**

Item Type: Journal Article

Authors: Wong, Mark and Bryson, Michelle

Publication Date: 2019

Journal: British Journal of Haematology 184(5), pp. 709

URL: https://libkey.io/libraries/2828/openurl?genre=article&sid=OVID:medline&id=pmid:30506875&id=doi:10.1111%2Fbjh.15628&issn=0007-1048&isbn=&volume=184&issue=5&spage=709&pages=709&date=2019&title=British+Journal+of+Haematology&atitle=Extensive+skin+hyperpigmentation+following+intravenous+iron+infusion.&aulast=Wong&pid=%3Cauthor%3EWong+M%3BBryson+M%3C%2Fauthor%3E%3CAN%3E30506875%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E

3. **Severe haemosiderin pigmentation after intravenous iron infusion.**

Item Type: Journal Article

Authors: Thompson J.;Pavord S. and Lim, K.

Publication Date: 2014

Journal: Internal Medicine Journal 44(7), pp. 706–708

URL: https://libkey.io/libraries/2828/openurl?genre=article&sid=OVID:embase&id=pmid:25041775&id=doi:10.1111%2Fimj.12467&issn=1444-0903&isbn=&volume=44&issue=7&spage=706&pages=706-708&date=2014&title=Internal+Medicine+Journal&atitle=Severe+haemosiderin+pigmentation+after+intravenous+iron+infusion&aulast=Thompson&pid=%3Cauthor%3EThompson+J.%3BPavord+S.%3BLim+K.%3C%2Fauthor%3E%3CAN%3E373470140%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E

4. **Acquired hemochromatosis with pronounced pigment deposition of the upper eyelids.**

Item Type: Journal Article

Authors: Chacon, Anna H.;Morrison, Brian and Hu, Shasa

Publication Date: Oct ,2013

Journal: The Journal of Clinical & Aesthetic Dermatology 6(10), pp. 44–46

Abstract: HEMOCHROMATOSIS MAY BE CLASSIFIED INTO TWO GROUPS: primary (hereditary) or secondary (acquired). The acquired type most commonly occurs after massive intake of iron supplements or blood transfusions and is also known as transfusional iron overload. In the past, hemochromatosis was usually recognized at an advanced stage by the classic triad of hyperpigmentation, diabetes mellitus ("bronze diabetes"), and hepatic cirrhosis. Cutaneous hyperpigmentation is present in 70 percent of patients due to two different mechanisms: (1) hemosiderin deposition resulting in diffuse, slate-gray darkening and (2) increased production of melanin in the epidermis. A 47-year-old woman who receives regular transfusions due to low iron and chronic, unresolving anemia and who subsequently developed pronounced hyperpigmentation of the upper eyelids is described. The presentation, diagnosis, pathogenesis, and treatment options of hyperpigmentation due to secondary hemochromatosis are discussed.

URL: https://libkey.io/libraries/2828/openurl?genre=article&sid=OVID:medline&id=pmid:24155994&id=doi:&issn=1941-2789&isbn=&volume=6&issue=10&spage=44&pages=44-6&date=2013&title=The+Journal+of+Clinical+%26+Aesthetic+Dermatology&atitle=Acquired+hemochromatosis+with+pronounced+pigment+deposition+of+the+upper+eyelids.&aulast=Chacon&pid=%3Cauthor%3EChacon+AH%3BMorrison+B%3BHu+S%3C%2Fauthor%3E%3CAN%3E24155994%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E

5. **Acute iron overload with iron carboxymaltose: Case report**

Item Type: Conference Proceeding

Authors: Cinarsoy M., Gunes A.K. and Gozden, H.E.

Publication Date: 2019

Publication Details: HemaSphere. Conference: 24th Congress of the European Hematology Association. Amsterdam Netherlands. 3(Supplement 1) (pp 924); Wolters Kluwer Health,

Abstract: Background: Iron deficiency (ID), with or without anemia, represents a major global health problem afecting more than 2 billions people worldwide.Oral iron treatment always becomes the first choise for the treatment of iron deficiency.An other treatment option is parenteral iron therapy and generally is prefered for patients with oral iron treatment is not effective.But today there is a number of conditions where intravenous iron use is well-established or increasingly considered as first-option approach. All these developments in the parenteral iron area show strong probability of increasing use of parenteral iron drugs for anemic patients. Aim(s): We this case report we aim to share our clinical case in a rare sitution Methods: Case report Results: Our patient is 36 years old female and she was diagnosed as iron deficiency anemia in an outpatient clinic.She was treated with ferric carboxymaltose. One month later she was reevaluated her for treatment response and her anemia was treated succesfully but her serum ferritin value was measured as 3500 ng/ml. It was found unusual and she was referred to our clinic for evaluation of hiperferritinemia.We evaluated the patient and no pathological findings were found other than skin brown discoloration. We measured patient's serum ferritin level again and ferritin level was high (3000 ng / ml) as one month before. When we investigated ferric carboxymaltose dose, we saw that in contrast to the ferric carboxymaltose recommended maximum 2000 mg dose for adult patients, it was administered to the patient at a total dose of 8000 mg in two months period as weekly 1000 mg dose. The patient underwent cardiac T2*magnetic resonance imaging (MRI), liver T2*MRI, brain MRI. The patient MRI showed significant increase iron in the liver and spleen, whereas increased iron accumulation in brain and heart was not detected with MRI. Deferasirox was started at a dose of 20 mg / kg / day. The ferritin level decreased to 1600 ng / mL from 3000 mg/mL level at the second treatment week with iron chelation therapy. Patient's skin color was not changed significantly. We decide to continue until the serum ferritin value decreases below 1000 ng/mL. 6 months after deferasirox treatment ferritin levels go down step by step and reached to 700 ng/L level.We repeated liver T2*MRI and there is significant reduction in liver iron accumulation.And her skin discoloration was decreased. Summary/Conclusion: There is no literature data about overdose of ferric carboxymaltose case.We found only two postmarketing adverse case report of national pharmaceutical agencies.First case is a hypophosphatemic osteomalacia case resulted from 8000 mg ferric carboxymaltose usage in 4 month period.The second case is from in France.Ferric carboxymaltose,18000 mg total cumulative dose in six months is received and presented as movement disorder complication.It was reported that iron chelation therapy partially alleviates gait disturbance and relieves it from the dependency on the bed which emerged in the first period in this case.According to these data,first step in ferric carboxymaltose overdose cases;it should be aimed to prevent the development of neurological complications and bone complications.The best way of to prevent these complications can be done with rapid beginning iron chelation therapy.Our case is the first reported case in our country and third case report in the world.

URL: https://libkey.io/libraries/2828/openurl?genre=article&sid=OVID:embase&id=pmid:&id=doi:&issn=2572-

9241&isbn=&volume=3&issue=Supplement+1&spage=924&pages=924&date=2019&title=HemaSphere&atitle=Acute+iron+overload+with+iron+carboxymaltose%3ACase+report&aulast=Cinarsoy&pid=%3Cauthor%3ECinarsoy+M.%3BGunes+A.K.%3BGozden+H.E.%3C%2Fauthor%3E%3CAN%3E629912355%3C%2FAN%3E%3CDT%3EConference+Abstract%3C%2FDT%3E

6. **Cutaneous Reactions to Iron Infusions: A Case Report and Clinical Review.**

Item Type: Journal Article

Authors: Patil N.;Ravichandran S.;Messina J.;Kirtane K.;Phuoc V.;Kubal T. and Maharaj, S.

Publication Date: 2025

Journal: eJHaem 6(4) (pagination), pp. Article Number: e70094. Date of Publication: 01 Aug 2025

Abstract: Anemia is prevalent globally and often treated with intravenous (IV) iron formulations, including iron sucrose, iron dextran, ferric carboxymaltose, ferric derisomaltose, and ferumoxytol. IV iron has a high efficacy and safety profile, quickly improving hemoglobin levels with low rates of adverse events. In this work, we report an uncommon case of a cutaneous hypersensitivity reaction following IV iron. A review of the literature shows that acute and delayed cutaneous reactions are possible but rare and respond well to management. Patients should be educated, and staff should be vigilant as to these cutaneous reactions. Clinical Trial Registration:The authors have confirmed that clinical trial registration is not needed for this submission.Copyright © 2025 The Author(s). eJHaem published by British Society for Haematology and John Wiley & Sons Ltd.

URL: https://libkey.io/libraries/2828/openurl?genre=article&sid=OVID:embase&id=pmid:&id=doi:10.1002%2Fjha2.70094&issn=2688-6146&isbn=&volume=6&issue=4&spage=e70094&pages=&date=2025&title=eJHaem&atitle=Cutaneous+Reactions+to+Iron+Infusions%3A+A+Case+Report+and+Clinical+Review&aulast=Patil&pid=%3Cauthor%3EPatil+N.%3BRavichandran+S.%3BMessina+J.%3BKirtane+K.%3BPhuoc+V.%3BKubal+T.%3BMaharaj+S.%3C%2Fauthor%3E%3CAN%3E2035200350%3C%2FAN%3E%3CDT%3EArticle%3C%2FDT%3E

7. **Clinical outcomes of transfusion-associated iron overload in patients with refractory chronic anemia.**

Item Type: Journal Article

Authors: Gao C.;Li L.;Chen B.;Song H.;Cheng J.;Zhang X. and Sun, Y.

Publication Date: 2014

Journal: Patient Preference and Adherence 8, pp. 513–517

Abstract: Background: The purpose of this study was to evaluate the clinical outcomes of transfusion-associated iron overload in patients with chronic refractory anemia. Method(s): Clinical manifestations, main organ function, results of computed tomography (CT), endocrine evaluation, and serum ferritin levels were analyzed retrospectively in 13 patients who were transfusion-dependent for more than 1 year (receiving >50 units of red blood cells) to determine the degree of iron overload and efficacy of iron-chelating therapy. Result(s): Serum ferritin levels increased to 1,830-5,740 ng/mL in all patients. Ten patients had abnormal liver function. The CT Hounsfeld units in the liver increased significantly in eleven patients, and were proportional to their serum ferritin levels. Skin pigmentation, liver dysfunction, and endocrine dysfunction were observed in nine patients with serum ferritin >3,500 ng/mL, eight of whom have since died. Interestingly, serum ferritin levels did not decrease significantly in nine transfusion-dependent patients who had received 15-60 days of iron-chelating therapy. Conclusion(s): Transfusion-dependent patients may progress to secondary iron overload with organ impairment, which may be fatal in those who are heavily iron-overloaded. The CT Hounsfeld unit is a sensitive indicator of iron overload in the liver. Iron chelation therapy should be initiated when serum ferritin is >1,000 ng/mL and continued until it is <1,000 ng/mL in transfusional iron-overloaded patients. © 2014 Gao et al.

Patricia Bowen Library & Knowledge Service
Email: chelwest.library.infoservice@nhs.net
Website: http://www.library.wmuh.nhs.uk/wp/library/

West Middlesex University Hospital

Search Strategy

Ovid MEDLINE(R) ALL <1946 to August 18, 2025>

1	ferinject.tw,kw.	69
2	ferric carboxymaltose.tw,kw.	909
3	exp Ferric Compounds/ and exp Maltose/	563
4	1 or 2 or 3	1042
5	exp Skin Pigmentation/	9265
6	((skin or cutaneous) adj3 (pigment* or hyperpigment*)).tw,kw.	10730
7	5 or 6	17962
8	4 and 7	3
9	exp Anemia, Iron-Deficiency/	12679
10	iron deficien* an?emia*.tw,kw.	13269
11	9 or 10	19912
12	7 and 11	15
13	(face or facial).m_titl.	94093
14	exp Face/	181340
15	13 or 14	250606
16	exp Pregnancy/	1065348
17	pregnan*.tw,kw.	673443
18	16 or 17	1223222
19	7 and 15 and 18	10
20	7 and 11 and 15	0
21	7 and 11	15
22	exp Drug Eruptions/	26647
23	((skin or cutaneous) adj3 react*).tw,kw.	25641
24	22 or 23	49307
25	4 and 24	2
26	iron therapy.tw,kw.	2689
27	24 and 26	2
28	exp Pigmentation Disorders/	41435

29	4 and 28	2
30	(intravenous iron or iron infusion*).tw,kw.	3427
31	28 and 30	7
32	diffuse siderosis.tw,kw.	4
33	(diffuse hyperpigment* or diffuse pigmentation).tw,kw.	209
34	4 and 33	0
35	30 and 33	0

Embase <1974 to 2025 August 14>

1	exp ferric carboxymaltose/	2898
2	ferrinject.tw,kw.	24
3	ferric carboxymaltose.tw,kw.	1969
4	1 or 2 or 3	3025
5	(face or facial).tw,kw.	560754
6	exp face/ or exp face rash/	148906
7	5 or 6	651232
8	4 and 7	17
9	exp skin manifestation/	377499
10	exp hyperpigmentation/	64186
11	9 or 10	425480
12	4 and 11	109
13	from 12 keep 1,17,45,82	4
14	exp skin hypersensitivity/	55618
15	4 and 14	6
16	(skin staining or cutaneous staining).tw,kw.	177
17	exp staining/	242959
18	16 or 17	243089
19	4 and 18	22
20	exp skin pigmentation/	17624
21	4 and 20	5

Patricia Bowen Library & Knowledge Service
Email: chelwest.library.infoservice@nhs.net
Website: http://www.library.wmuh.nhs.uk/wp/library/

West Middlesex University Hospital

22	exp blood transfusion/	239738	
23	20 and 22	88	
24	from 13 keep 1-4	4	
25	from 23 keep 55	1	
26	exp chloasma/	3950	
27	exp iron blood level/ or exp transfusional iron overload/	15799	
28	26 and 27	3	
29	exp iron overload/	21644	
30	20 and 29	45	
31	from 25 keep 1	1	
32	from 30 keep 18	1	
33	exp iron deficiency anemia/	36874	
34	20 and 33	46	
35	exp drug eruption/	50328	
36	4 and 35	14	
37	exp pigment disorder/	116888	
38	4 and 37	22	
39	exp iron therapy/	12634	
40	37 and 39	106	
41	(diffuse or extensive).tw,kw.	857698	
42	37 and 39 and 41	12	
43	20 and 39 and 41	0	
44	18 and 39 and 41	7	
45	diffuse siderosis.tw,kw.	5	
46	10 and 39 and 41	9	