

Images/Videos in Hematology

Orange-red urine excreting the abnormal contents

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A 33-year-old hypothyroid female known case of beta-thalassemia major presented with complaints of fever and shortness of breath for the past 11 days. She underwent splenectomy 6 years back. On physical examination, she had severe pallor, hypotension, tachycardia, and tachypnoea. 2D Echocardiography revealed 48% ejection fraction with Grade III diastolic dysfunction and there was raised NT-Pro BNP level. Chest X-ray showed bilateral pleural effusion. Serum ferritin was 5250 ng/ml and procalcitonin was 0.54 ng/ml. Blood and urine cultures reported no growth. After primary evaluation, intravenous fluid resuscitation, noradrenaline, diuretic infusion, antibiotics, packed red cell transfusion, intermittent BiPAP support, and continuous deferoxamine infusion were started. After a few days of deferoxamine infusion, there was reddish discoloration of urine [Figure 1]. “Deferoxamine is an iron chelator that binds ferric iron and forms a water-soluble compound that is excreted by the kidney, causing a ‘vin rose’ discoloration of urine.” It is the drug of choice for the treatment of significant iron overload and a change in urine color may confirm



Figure 1: Red-orange urine during deferoxamine treatment, indicating iron-chelation products

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the effectiveness of chelation. Gradually, the patient's vitals improved, and antibiotics were de-escalated. Her subsequent ferritin level was 1650 ng/ml, hemoglobin 11 g/dl, and procalcitonin is 0.09 ng/ml and the patient was discharged in hemodynamic stable condition.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Conflicts of interest

There are no conflicts of interest.

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