Chelation therapy in liver diseases of childhood: current status and future perspectives

Current approach to iron chelation in children
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In this article, we review the current positions and possible modifications to iron chelation therapy that are relevant to children with iron overload associated with transfusion-dependent and non-transfusion-dependent disorders.

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Abnormal liver function tests are commonly encountered in pediatric Wilson's disease (WD) patients, and standard therapy is aimed at the intracellular sequestration of copper (Cu) with chelating agents. This study aimed to examine the endoscopic and liver function outcomes of 19 children with WD who were treated with colchicine, penicillamine, or deferasirox (DFX) for a median of 7.6 years.

As there is paucity of exclusive literature on pediatric hepatic Wilson's disease (WD) patients, the present study is expected to further our understanding of WD patients with liver involvement.
IRON OVERLOAD AND CHELATION - Guidelines for the
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For children with blood lead levels of 10 to 20 μg/dL, the majority of lead-poisoned children in the United States, chelation therapy is not recommended primarily because it is difficult to identify a single
Cation therapy in liver diseases of childhood: current status and response

Jayendra Sreedharan, Md Sanak Sen Sarma

Abstract
Cation is the mainstay of therapy in certain pediatric liver diseases. Copper and iron related disorders require chelation. Wilson's disease, one of the common causes of cirrhosis in children is treated, amongst others, with copper chelation agents like D...
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However, the relationship between LIC and extra-hepatic iron is complicated by chelation therapy as iron tends to be accumulate initially in the liver and later in the heart but also is removed more rapidly from the liver than the heart by chelation therapy (Noetzli 2008, Anderson 2004). Thus in patients receiving chelation therapy, whilst high LIC increases the risk of cardiac iron overload, the ...
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For children with blood lead levels of 10 to 20 µg/dL (the majority of lead-poisoned children in the United States), chelation therapy is not recommended, primarily because it is difficult to identify a single source of lead to abate and because for lead levels in this range, the risk for adverse effects from chelation therapy may outweigh the potential benefits. 71 Instead, education, hazard reduction (if a lead source ...