with no other axis affected. He was medicated with 250 mg enanthate testosterone injection monthly. He also developed cirrhosis Child-Pugh A and in 2018 was diagnosed with multicentric hepatocarcinoma. He was submitted at radioembolization of hepatic lesions in 2019 and in 2021. Due to disease progression, he started treatment with tyrosine kinase inhibitors (sorafenib 800 mg daily) in 2021. Recently, atrial fibrillation was diagnosed, and he started anticoagulation with apixaban 5. 0 mg twice a day. **Conclusion:** Secondary causes of endocrinopathies such as diabetes mellitus and hypogonadism are relatively infrequent. This case alerts to diseases associated with hemochromatosis at long term, such as diabetes mellitus, hypogonadism, cirrhosis and hepatocarcinoma.

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Hemochromatosis and endocrine dysfunctions – a case report

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Introduction: Hemochromatosis is characterized by iron overload that can lead to deposit in various organs such as liver, pancreas, pituitary gland, resulting in endocrine dysfunction. Pancreatic iron deposition can lead to diabetes mellitus, and pituitary deposition to hypopituitarism. Liver is the principal affected organ and that can lead to various complications like hepatomegaly, cirrhosis, and hepatocellular carcinoma. **Case report:** A 67 years-old caucasian man was diagnosed with hemochromatosis at 30 years old. At that time, undergoing periodic phlebotomies. After 3 years, he was diagnosed with diabetes mellitus and started basal-bolus insulin therapy. In 2006 he submitted to laser photocoagulation due developed to non-proliferative retinopathy. At the present presents microalbuminuria with urine albumin to creatinine ratio of 65. 0 mg/g. The pituitary function reveals hypogonadotropic hypogonadism