

Evaluation of Mixed Hepatocellular and Cholestatic Disease

(ALP > 180; GGT > 50; ALT or AST > 150)

Possible causes

Further investigations

Acute hepatitis—later stages

Serology

Chronic active hepatitis

Serology

Space occupying lesion

Imaging

Cirrhosis

Alcohol AST > ALT and GGT significantly elevated

Drugs

Mixed Hepatocellular and Cholestatic pattern

Amitryptiline

Azathioprine

Carbamazepine

Cyclosporin

Cyproheptadine

Enalapril

Ezetimibe

Nitrofurantoin

NSAIDs

Phenytoin

Ranitidine

Sulfamethoxazole

Trazodone

Trimethoprim

Verapamil

Cholestatic pattern (typically a Cholestatic effect, but consider these also for a mixed pattern):

Amoxicillin with clavulanic acid

Anabolic steroids

Antipsychotic drugs

Erythromycin

Irbesartan

Mirtazapine

Oestrogens

Synthetic penicillins

Terbinafine

Tricyclics

Two processes (e.g. bone and liver disease)

ALP isoenzymes