Causes of Isolated Hyperbilirubinaemia
Flowchart for assessment of Isolated Hyperbilirubinaemia

Fractionation

- Unconjugated hyperbilirubinaemia
- Conjugated hyperbilirubinaemia

Conjugated bilirubin
< 12 µmol/L

- FBC, Reticulocytes, Serum: Haptoglobin, LD

Drugs
(usually associated with increased ALT and ALP)
- Anabolic steroids
- Phenothiazines
- Sulphonamides
- Carbimazole

Dubin-Johnson syndrome
Rotor syndrome

All normal

Evidence of haemolysis
- High reticulocytes
- Low haptoglobin
- Elevated LD

Haemolytic disease
Pernicious anaemia
Reabsorption of
- large haematoma
- pulmonary embolism

Gilbert’s syndrome
Fasting (bilirubin usually < 40 µmol/L)
Crigler-Najjar syndrome
(uncommon disorder usually diagnosed at birth)
Drugs
- Rifampicin
- Sulphonamides
- Probenecid

2 Occasional patients with Gilbert’s Syndrome have total bilirubin > 40 µmol/L and may show a conjugated bilirubin > 12 µmol/L due to cross-reactivity of chemical assays for bilirubin