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

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