

Predominant Hepatocellular Pathology

(ALT > 150 U/L; ALP < 200 U/L)

Possible causes

Further investigations

Infection

Viral studies

Hepatitis A, B, C
EBV infection
Cytomegalovirus
Coxsackie virus infection
Adenovirus infection

Acute Biliary Obstruction

Clinical assessment;

Transient rise in ALT and AST
early in the disease before
rise in ALP becomes evident
(values may be > 1,000 U/L).

Radiology

Alcohol

AST and ALT < 400 U/L

In alcoholic hepatitis, ALT
is usually less than 300 U/L
and often less than 200 U/L;
AST is often greater than ALT.

AST > ALT

GGT significantly elevated

Drugs

Clinical assessment

The most common agents are:

- Anaesthetic gases
- Antiepileptics, Valproic acid
- Chlortetracycline
- Cytotoxics
- Irbesartan
- Isoniazid
- Kava, Germander, Black cohosh
- Ketoconazole
- Lisinopril
- Methotrexate
- Methyl dopa
- NSAIDs
- Omeprazole
- Paracetamol
- Paroxetine/Fluoxetine/Sertraline
- Propylthiouracil
- Risperidone
- Statins
- Synthetic penicillins
- Trazodone

but this list is not comprehensive.

Chemicals

Clinical assessment

The most common agents are:

- Carbontetrachloride
- Trichlorethylene

but this list is not comprehensive.

Anoxia

Clinical assessment

Acute cardiac failure
Prolonged hypotension
Abdominal aneurysm
Hepatic artery thrombosis