

# Predominant Hepatocellular Pathology

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

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## Possible causes

Further investigations

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### Infection

Viral studies

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

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### 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

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### 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

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### 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.

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### Chemicals

Clinical assessment

The most common agents are:

- Carbontetrachloride
- Trichlorethylene

but this list is not comprehensive.

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### Anoxia

Clinical assessment

Acute cardiac failure  
Prolonged hypotension  
Abdominal aneurysm  
Hepatic artery thrombosis