

Evaluation of Jaundice (hepatocellular)

(ALT > 300 U/L; ALP < 350 U/L)

Suggested scheme for evaluation of Jaundice

Possible causes

Further investigations

Predominant Hepatocellular Pathology

Infection

Viral studies

The most common agents are:

- Adenovirus infection
- Coxsackie virus infection
- Cytomegalovirus
- EBV infection
- Hepatitis A, B, C
- Others: Dengue, Leptospirosis, Q Fever, Toxoplasmosis, Mycoplasma

but this list is not comprehensive.

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

Unusual. In alcoholic hepatitis ALT is usually less than 300 U/L and often less than 200 U/L.

AST and ALT < 400 U/L

AST > ALT

GGT significantly elevated

Drugs

Clinical assessment

The most common agents are:

- Methotrexate
- Paracetamol
- Paroxetine, Sertraline, Trazodone
- Synthetic penicillins
- Valproate
- See also Hepatotoxins: Drugs and herbs

but this list is not comprehensive.

Chemicals

Clinical assessment

The most common agents are:

- Carbon tetrachloride
- Trichlorethylene

but this list is not comprehensive.

Anoxia

Clinical assessment

Acute cardiac failure
Prolonged hypotension
Abdominal aneurysm
Hepatic artery thrombosis