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

Possible causes	Further investigations
Infection Hepatitis A, B, C EBV infection Cytomegalovirus Coxsackie virus infection Adenovirus infection Influenza	Viral studies
Acute Biliary Obstruction Transient rise in ALT and AST early in the disease before rise in ALP becomes evident (values may be > 1,000 U/L)	Clinical assessment, Radiology
Alcohol 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 and ALT < 400 U/L AST > ALT GGT significantly elevated
Drugs The most common agents are	Clinical assessment

- Amoxicillin with clavulanic acid
- Anaesthetic gases
- Antiepileptics, Valproic acid, Phenytoin
- Aspirin
- Chlortetracycline
- Cytotoxics
- Diclofenac
- Ecstasy
- Immunomodulatory drugs e.g. checkpoint inhibitors
- Irbesartan
- Isoniazid
- Kava, Germander, Black cohosh, Senna
- Ketoconazole
- Lisinopril
- Methotrexate
- Methyldopa
- Minocycline
- Niacin
- Nitrofurantoin
- NSAIDs
- Omeprazole
- Paracetamol
- Paroxetine/Fluoxetine/Sertraline
- Propylthiouracil
- Risperidone
- Statins
- Synthetic penicillins e.g. Flucloxacillin
- Trazodone

but this list is not comprehensive
see: LiverTox: ncbi.nlm.nih.gov/books/NBK547852

Possible causes	Further investigations
Chemicals The most common agents are: • Carbontetrachloride • Trichlorethylene but this list is not comprehensive	Clinical assessment
Anoxia Acute cardiac failure Prolonged hypotension Abdominal aneurysm Hepatic artery thrombosis	Clinical assessment

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