

## Evaluation of Jaundice (hepatocellular)

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

Suggested scheme for evaluation of Jaundice

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### Possible causes

Further investigations

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## Predominant Hepatocellular Pathology

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### 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.

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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

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

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### 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.

see: <https://livertox.nlm.nih.gov/index.html> for a comprehensive list

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### Chemicals

Clinical assessment

The most common agents are:

- Carbon tetrachloride
- Trichlorethylene

but this list is not comprehensive.

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### Anoxia

Clinical assessment

Acute cardiac failure  
Prolonged hypotension  
Abdominal aneurysm  
Hepatic artery thrombosis