Suspected liver disease - start here

History

Asymptomatic

Persistently abnormal LFTs for more than 3-6 months

Repeat LFTs in 3-6 months

LFTs normalised

Symptoms / signs of chronic liver disease

Examination

Go to raised transaminase

Investigations

Refer to hepatology

Provenance

Raised bilirubin only

Go to raised bilirubin only

Raised ALP only

Go to raised ALP only

Raised transaminase +/- ALP

Refer to hepatology

Jaundice

Abnormal LFTs with stigmata of chronic liver disease +/- decompensation

Abnormal LFTs with upper abdominal pain

Refer to hepatology

Provenance
1 Suspected liver disease - start here

Quick info:

Scope of this pathway
The identification and primary care management of liver conditions in adults
Be aware that advanced liver disease can have normal LFTs and that systemic disease can cause LFT abnormalities

2 Provenance

Quick info:
Last updated 17th Nov 2011
Authors:
Dr J Huddy GPSI gastro
Dr Hussaini, consultant hepatologist,
Royal Cornwall Hospital 2011

3 History

Quick info:
Consider risk factors for:

Chronic liver disease
• Alcohol excess
  • assess units per week and for how long
  • >40u per week for 10 years = 20% chance of cirrhosis
• Drugs
  • prescribed and non-prescribed
• Hepatitis viruses
  • unprotected sex, needle sharing, blood transfusions before 1989, tattoos
• Autoimmune diseases or family history thereof
• Haemochromatosis
  • joint disease, diabetes, heart failure
• Wilson's disease
  • neuropsychiatric manifestations

Acute liver injury
• Hepatitis viruses
  • unprotected sex, needle sharing, blood transfusions before 1989, tattoos
• Drugs
  • prescribed / recreational / herbal remedies
• Other viral illnesses e.g. EBV, CMV
  • any prodromal symptoms?
• LFT abnormalities in the context of systemic disease e.g. sepsis / connective tissue disease
  • travel history
  • contact with stagnant water (Weil's disease)

Symptoms
• Can be non-specific "feeling liverish"
• Itch, pale stools, dark urine are cholestatic symptoms
• Epigastric / RUQ pain
4 Examination

Quick info:
Features of chronic liver disease
• palmar erythema
• leuconychia
• loss of body hair
• spider naevi
• gynaecomastia
• peripheral oedema
• hepatomegaly
Features of portal hypertension
• splenomegaly
• ascites
Features of decompensated liver failure
• jaundice
• ascites
• encephalopathy / flap
• coagulopathy

5 Asymptomatic

Quick info:
Abnormal LFTs but no symptoms or signs of chronic liver disease

6 Symptoms / signs of chronic liver disease

Quick info:
see above

7 Repeat LFTs in 3-6 months

Quick info:
Frequent causes of asymptomatic abnormal LFTs are:
• alcohol excess
• non-alcoholic fatty liver disease related to the metabolic syndrome
• prescribed and non-prescribed drugs - reconsider indications
  • statins are a common cause of abnormal LFTs however they don't cause liver disease
  • it may be worth stopping them to check that LFTs normalise however they are safe to continue
  • abnormal LFTs are not a contraindication to statin therapy
These issues should be addressed and LFTs repeated in 3-6 months
Referral to secondary care is not required at this stage, but may be considered if there are particular concerns for example indices > 3x upper limit of normal. Alternatively contact hepatologist for advice
Do not perform gamma-GT unless to confirm a raised ALP is of hepatic origin - it is too insensitive and non-specific to be of value and it isn't specific to alcohol useage

8 Jaundice

Quick info:
Fax referral to jaundice hotline number 01872 252794
Patient will be seen in the next available clinic which run Tuesdays and Thursdays
Any queries call 01872 252616 (endoscopy office)
Please ensure up to date FBC UE LFT INR are performed

9 Abnormal LFTs with stigmata of chronic liver disease +/- decompensation

Quick info:
Features of chronic liver disease
• palmar erythema
• leuconychia
• loss of body hair
• spidernaevi
• gynaecomastia
• peripheral oedema
• hepatomegaly
Features of portal hypertension
• splenomegaly
• ascites
Features of decompensated liver failure
• jaundice
• ascites
• encephalopathy / flap
• coagulopathy

10 Abnormal LFTs with upper abdominal pain

Quick info:
Request urgent upper abdominal USS

11 LFTs normalised

Quick info:
Lifestyle advice and self care

13 Investigations

Quick info:
Perform a NILD screen:
• hepatitis B surface antigen (HBSAg)
• hepatitis C antibody (HCVAb)
• autoimmune profile
• immunoglobulins
• ferritin
• alpha 1 antitrypsin (α1AT)
• fasting lipids / glucose
• USS
• caeruloplasmin (if age <40yrs)
Suspected liver disease - start here
Medicine > Hepatology > Suspected liver disease - Huddy draft

- INR
  Don't await results before referring to hepatology

14 Refer to hepatology
Quick info:
Urgent C+B referral

16 Raised ALP only
Quick info:
Alkaline phosphatase is not only elevated in hepatobiliary disease but also with bone disease e.g. Pagets disease, bone metastases, recent fracture.
It is also normal to be raised in the third trimester of pregnancy and in adolescents
A raised gamma glutamyltransferase (γGT) indicates that a raised alkaline phosphatase is of liver / biliary origin.

18 Refer to hepatology
Quick info:
Abnormal LFTs with stigmata of chronic liver disease - usually routine referral
Abnormal LFTs with signs of decompensated liver failure - urgent referral via C+B
These aren't strict rules - discussion with a hepatologist may be necessary
Suspected liver disease - start here
Medicine > Hepatology > Suspected liver disease - Huddy draft

Key Dates

Published: , by
Valid until:

Evidence summary for Suspected liver disease - start here