

Evaluation of Jaundice in Adults

Key Facts:

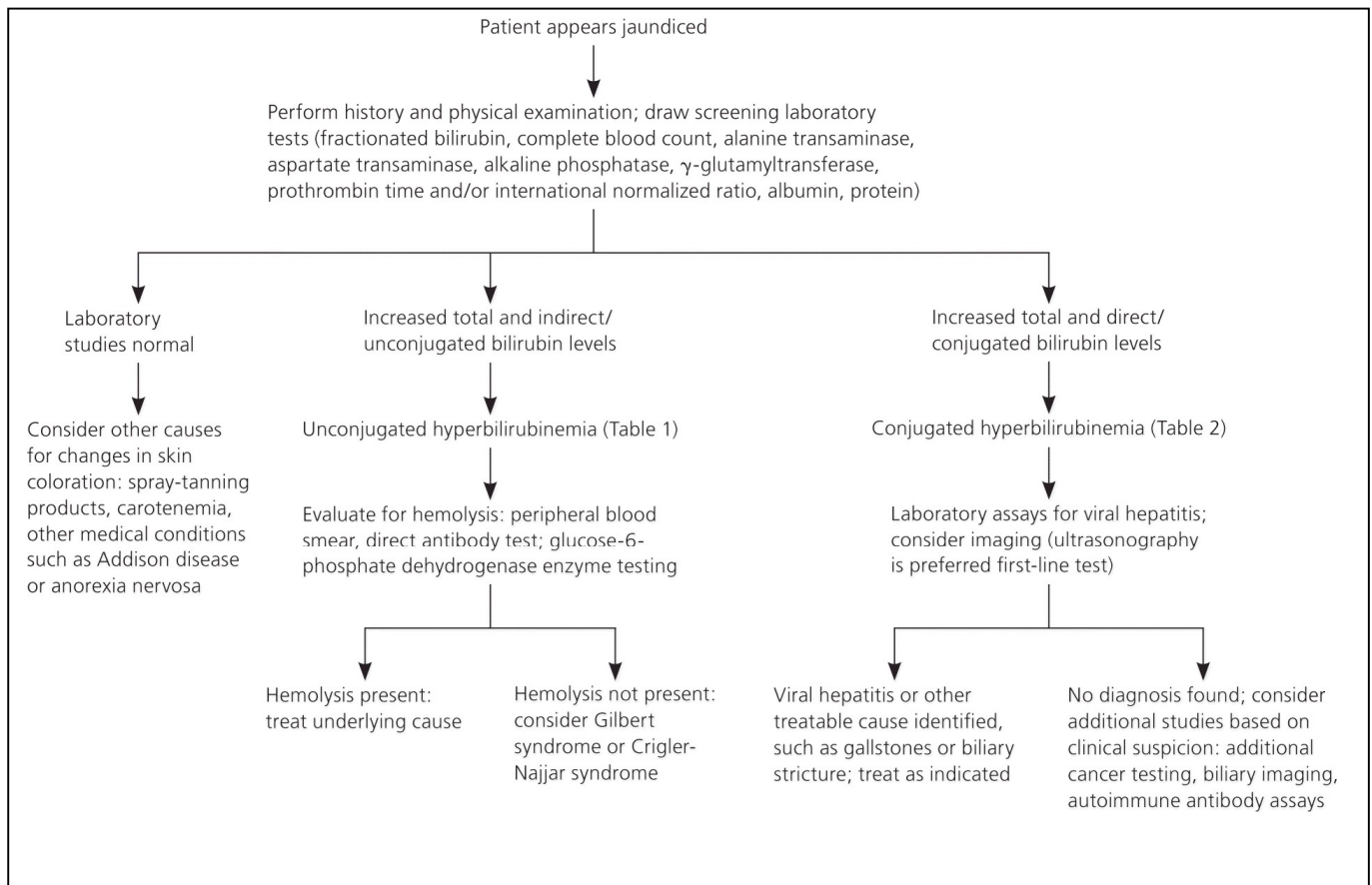
- 55% of acute jaundice in adults are caused by intrahepatic disorders
- 45% of acute jaundice cases are extrahepatic

History

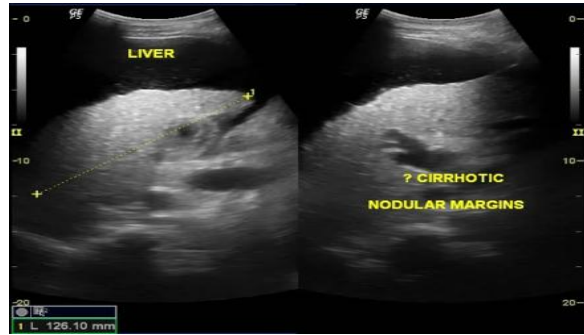
- Use of medications, herbal medications, dietary supplements, and recreational drugs
- Use of alcohol
- Hepatitis risk factors (eg, travel, possible parenteral exposures)
- History of abdominal operations, including gallbladder surgery
- History of inherited disorders, including liver diseases and hemolytic disorders
- HIV status
- Exposure to toxic substances
- Associated symptoms including fever, anorexia, malaise, RUQ pain, clay colored stool

Investigations

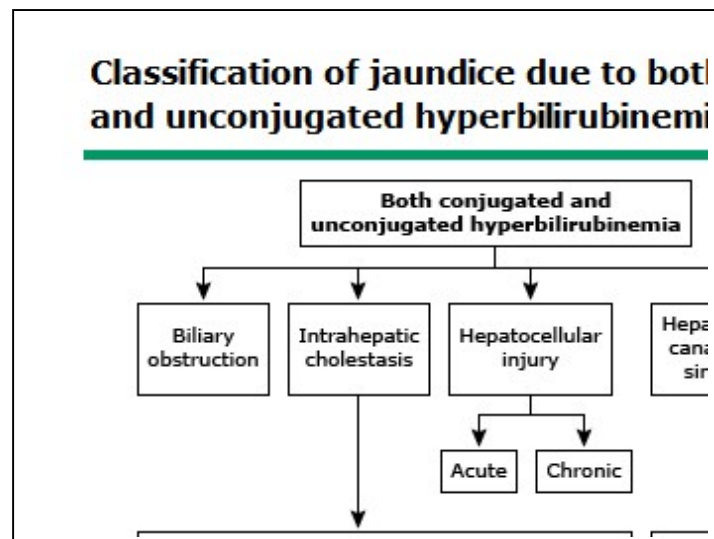
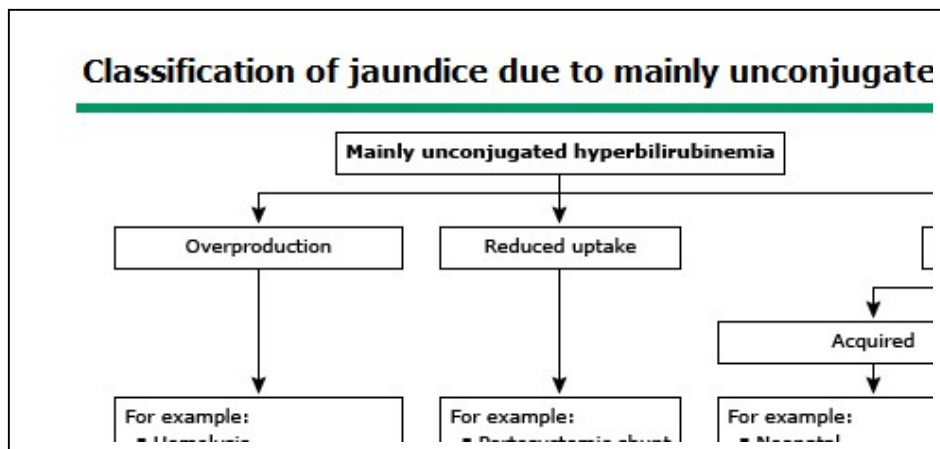
- Serum total and unconjugated bilirubin
- Alkaline phosphatase
- Aminotransferases (aspartate aminotransferase [AST] and alanine aminotransferase [ALT])
- Prothrombin time/international normalized ratio (INR)
- Albumin



Imaging: Usually ultrasound of the abdomen is initial choice



Interpretation of labs:



Jaundice as Medical Emergency:

- Massive hemolysis (eg, due to *Clostridium perfringens* sepsis or falciparum malaria)
- Ascending cholangitis
 - Charcot's triad: abdominal pain, jaundice, fever
 - Reynold's pentad: Charcot's triad + septic shock and AMS
- Fulminant hepatic failure
 - Encephalopathy within 8 weeks of onset of sx's in a patient with a previously healthy liver

References:

- "Evaluation of Jaundice in Adults," AAFP, July 2017.
<https://www.aafp.org/afp/2017/0201/p164.html>
- UpToDate