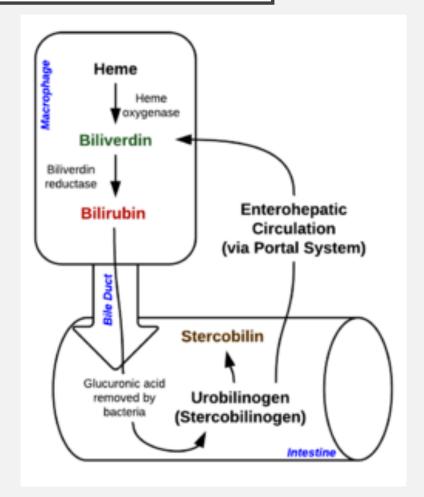
ICTER

INTRODUCTION

- Bilirubin overproduction,
- Impaired bilirubin conjugation,
- Biliary obstruction,
- Hepatic inflammation.



UNCONJUGATED HYPERBILIRUBINEMIA MAY BE CAUSED BY

- Hemolysis
- Extravasation of blood into tissue
- Stress situations (eg, sepsis) leading to increased production of bilirubin
- Impaired hepatic bilirubin uptake
- Impaired bilirubin conjugation

CONJUGATED HYPERBILIRUBINEMIA MAY BE CAUSED BY

- Biliary obstruction (eg, gallstones, pancreatic or biliary malignancy, parasites)
- Hepatitis (Viral, Alcoholic,..)
- Nonalcoholic steatohepatitis
- PBC
- Drugs and toxins

CONJUGATED HYPERBILIRUBINEMIA MAY BE CAUSED BY

- Ischemic hepatopathy
- Dubin-Johnson syndrome, Rotor syndrome
- Total parenteral nutrition
- Postoperative jaundice
- Intrahepatic cholestasis of pregnancy
- End-stage liver disease

ADULTS

- Cholelithiasis
- Tumors,
- primary sclerosing cholangitis (PSC),
- Parasitic infections,
- AIDS cholangiopathy,
- Pancreatitis, and
- strictures after invasive procedures.

CHILDREN

- Choledochal cysts and cholelithiasis are most common.
- Also tumors

NEONATES AND YOUNG INFANTS

- Important obstructive processes:
- Include biliary atresia
- Choledochal cysts

EMERGENCIES

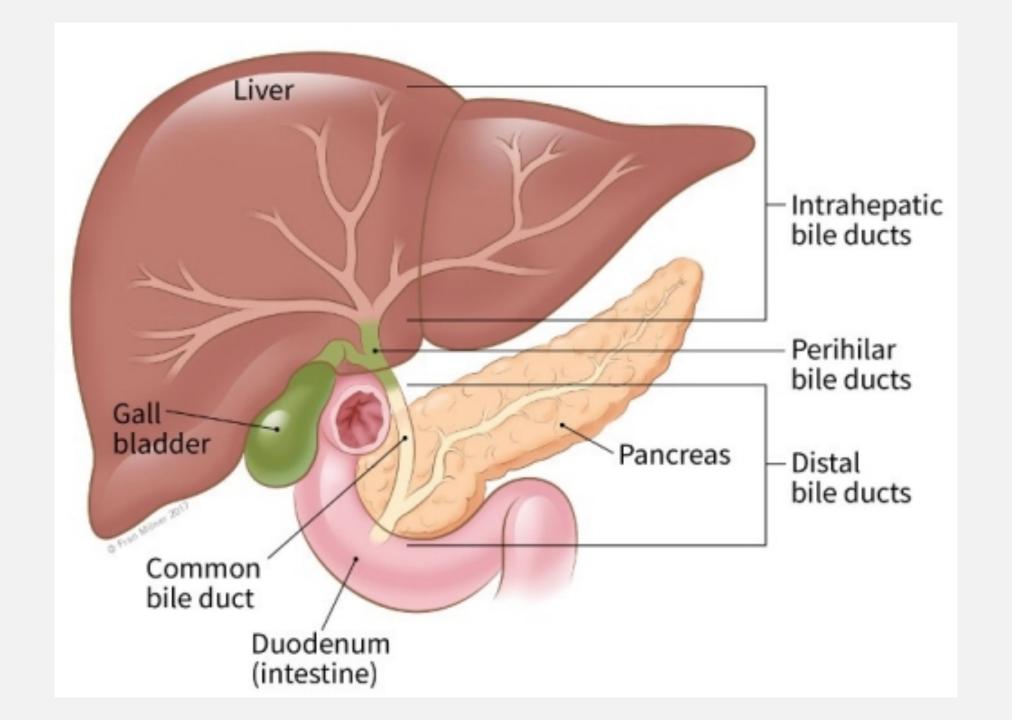
- Massive hemolysis (Sepsis or falciparum malaria)
- Cholangitis
- Fulminant hepatic failure

BILIARY PAIN PROPERTIES

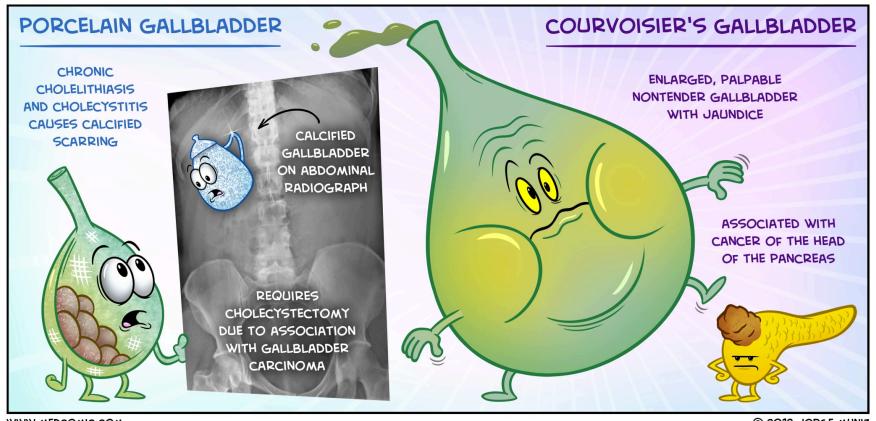
- RUQ Or epigastric Pain
- History of pain
- Radiation
- Gall Stone: 80 symptom free, 2,3 symptomatic per year.
- 3-5% of symptomatic patients will be complicated each year
- Last I-5 hours
- Night or Fatty meal (50%)

CONTINUE

- Pain Not resolving after 24 hours,
- Acute cholecystitis / Impacted stone
 - Cholecystitis
 - Cholangitis
 - Choledocholithiasis
 - Cholelithiasis



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LAB

- AST
- ALT
- ALP
- → GGT

• INR (Vit K effect)

NOW CONJUGATED BILIRUBIN ELEVATION

 Biliary obstruction, intrahepatic cholestasis, hepatocellular injury, or an inherited condition

