

## Referral Guidelines for Constitutional Hyperbilirubinemia and Mild Transaminitis

In the interest of patient satisfaction and efficient patient care, we would like to discuss referral guidelines for two very common problems: constitutional hyperbilirubinemia (Gilberts syndrome) and mild transaminitis (“abnormal LFTs”).

**Gilberts syndrome:** The most important aspect of the diagnosis of Gilberts syndrome is recognition of the disorder without subjecting patients to unnecessary testing and referral.

A presumptive diagnosis can be made in patients with the following features:

- Unconjugated hyperbilirubinemia on repeated testing
- A normal complete blood count, blood smear, and reticulocyte count
- Normal liver function tests (plasma aminotransferases, alkaline phosphatase and INR)
- Repeat CMP at 6 and 12 months to document stability.

**Mild transaminitis:** Although the term “abnormal liver function tests” (LFTs) is commonly used, it is imprecise since many of the tests reflecting the health of the liver are not direct measures of its function. A population-based survey in the US estimated that an abnormal alanine aminotransferase (ALT) was present in 8.9% of respondents. Again, it is important to not subject patients to unnecessary testing and referral. Please consider this checklist:

**Medications:** The old dictum “any medication can cause anything” is especially true with transaminitis. Stop or hold all unnecessary drugs as well as OTC remedies and supplements and recheck in two months.

**Alcohol abuse:** Stop ALL alcohol and recheck in one month. If a patient is not immediately willing to do this, that is a big clue.

**Hepatitis B:** Hepatitis B surface antigen

**Hepatitis C:** Hepatitis C virus antibody

**Hereditary hemochromatosis:** TIBC, Transferrin saturation, serum iron, ferritin

**Hepatic steatosis and steatohepatitis:** The likelihood of having fatty liver is directly proportional to body weight. The presence of underlying fatty liver should be “considered a given” in your typical patient with obesity, diabetes, and hypertriglyceridemia. Check an ultrasound to confirm. If you make this diagnosis, you can tell your patients to lose weight just as loudly as we can. The good news is, a modest sustained weight loss of 10–15 pounds is often all it takes to improve the transaminitis.

*This material has been adapted from:*

UpToDate® [database online] Waltham, MA Chowdhury NR, Wang X, Chowdhury JR. Gilberts syndrome and unconjugated hyperbilirubinemia due to bilirubin overproduction. Available at: [http://www.utdol.com/utd/content/topic.do?TopicKey=hep\\_dis/15344&type=P&selectedtitle=1~13](http://www.utdol.com/utd/content/topic.do?TopicKey=hep_dis/15344&type=P&selectedtitle=1~13). Accessed March 14, 2007.

American Liver Foundation. Fatty liver: what you need to know. Available at: <http://www.liverfoundation.org>. Accessed March 14, 2007.