

Abnormal Liver Function Tests

If meeting referral criteria, kindly record any of the following salient points in the referral ticket:

Clinical history

- Diseases associated with NAFLD/ NASH (Diabetes Mellitus, Hyperlipidaemia, Obesity) and Hepatitis (history of Autoimmune Disease)
- Drugs, prescription or over-the-counter (including statin, antibiotics, herbal remedy)
- Alcohol consumption, Occupation, Risk factors for Viral Hepatitis (Recent travel history / Tattoos /IVDU / Unprotected sexual intercourse / Blood Transfusions)
- Family history of Chronic Liver Disease (Autoimmune Hepatitis, Primary Biliary Cirrhosis, Primary Sclerosing Cholangitis, Haemochromatosis, Wilson’s Disease, Alpha 1-antitrypsin deficiency)

Examination

- Any clues to the underlying cause (e.g. lymphadenopathy, tattoos, needlemarks)
- Stigmata of chronic liver disease (e.g. icterus/jaundice of skin or mucous membranes, bruising, palmar erythema, spider naevi, gynaecomastia)
- Signs of portal hypertension: splenomegaly, caput medusae
- Weight and BMI

Investigations : Blood tests: LFT, AST, albumin, INR

Chronically deranged LFTs: Liver screen

If ALT/ AST/ ALP >2X upper limit of normal (ULN) acutely:

Exclude transient causes (infections, antibiotics) & re-check LFT after



ALT/ AST/ ALP >2X ULN:

Perform Liver Screen

Modify risk factors-

Medications, alcohol, weight

ALT/ AST/ ALP <2XULN

(ie. Improving):

Modify risk factors-

Medications, alcohol, weight

Refer to Gastroenterology if:

Unexplained persistently deranged LFTs

Abnormal Liver Screen (including cirrhosis on abdominal US)

*For urgent referrals, discuss with Gastroenterology on-call

Liver screen

CBC,

U&E,

CRP,

ESR

Hepatitis screen

Autoimmune screen

Ferritin

Immunoglobulins

HbA1c, Lipid Profile

References:

1. 2013. *Gastroenterology Referral Guidance*. 1st ed. [ebook] NHS Hounslow CCG: NHS, pp.8-11. Available at: <https://www.thh.nhs.uk/gp/pathology/Gastroenterology_Referral_Guidance_v4_May2013.pdf> [Accessed 4 April 2022].