Presentation of Hepatosplenomegaly

Aetiology of hepatosplenomegaly

- Chronic liver disease and portal hypertension
  - (see chronic liver disease section for further differentials)
- Haematological disease:
  - Leukaemias
  - Lymphomas
  - Myelofibrosis
  - Myeloproliferative disease
    - Essential thrombocytopenia, polycythaemia, primary myelofibrosis, CML
  - Haemolytic anaemias
    - Hb disorders: Thalassaemia, sickle cell disease (eventually leads to splenic atrophy)
      Red cell structure: Spherocytosis/elliptocytosis
    - Enzyme: G6PD deficiency, pyruvate kinase deficiency
- Infection:
  - Acute viral hepatitis
  - EBV, CMV
  - Foreign/tropical
    - Malaria
    - Leishmaniasis
- Connective tissue disease
  - SLE
  - Amyloidosis
  - Sarcoidosis
- Metabolic disease:
  - Niemann Pick disease
  - Gaucher's disease

History in hepatosplenomegaly

- Presenting complaint
  - Abdominal swelling
- History of presenting complaint
  - Abdominal pain
  - Bloating
  - Abnormal bruising/bleeding
  - Pruritus
  - Constitutional symptoms – weight loss, night sweats, fever
- Past medical history
  - Previous EBV
- Medications
  - Hepatotoxic medications
- Family history
  - Malignancy
  - Connective tissue disease
  - Metabolic disorders
- Social history
  - Travel history
  - Alcohol consumption
  - Smoking

Examination of hepatosplenomegaly

- Hepatosplenomegaly
- Signs of chronic liver disease
- Lymphadenopathy
- Anaemia

Initial investigation of hepatosplenomegaly

- See pages on hepatomegaly and splenomegaly