

Data Interpretation: LFTs

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Liver Function Tests

- Albumin
- AST (aspartate transferase)
- ALT (alanine transferase)
- ALP (alkaline phosphatase)
- GGT (gamma glutamyltransferase)
- Bilirubin
- Prothrombin time/INR

Liver Function Tests

Albumin	
AST	
ALT	
ALP	
GGT	
Bilirubin	
Prothrombin time/INR	

Liver Function Tests

Albumin	<ul style="list-style-type: none">- Synthetic function- Chronic assessment (half-life 20 days)
AST	<ul style="list-style-type: none">- Hepatocyte damage
ALT	<ul style="list-style-type: none">- Hepatocyte damage- More sensitive than AST
ALP	<ul style="list-style-type: none">- Increased in cholestatic disease
GGT	<ul style="list-style-type: none">- Produced in bile tract- Induced by alcohol
Bilirubin	<ul style="list-style-type: none">- Red cell breakdown- increased red cell breakdown or decreased biliary excretion
Prothrombin time/INR	<ul style="list-style-type: none">- Vit K dependent clotting factors

Sources - extrahepatic

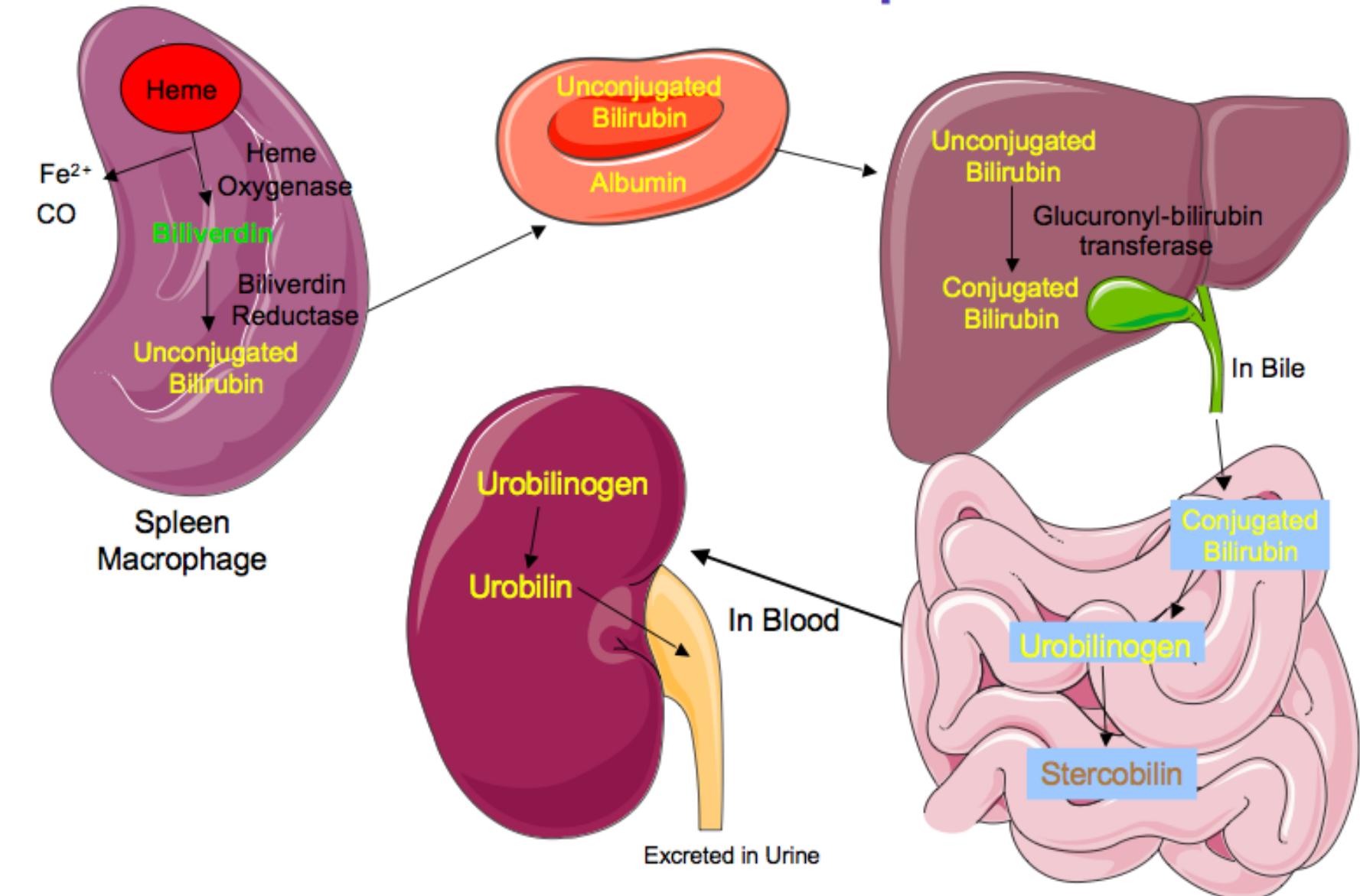
Test	Extra-hepatic source
Bilirubin	
AST	
ALT	
ALP	

Sources - extrahepatic

Test	Extrahepatic source
Bilirubin	<ul style="list-style-type: none">- Red blood cells<ul style="list-style-type: none">- Haemolysis- Intra-abdominal bleed
AST	<ul style="list-style-type: none">- Muscle (skeletal/cardiac)- RBCs
ALT	<ul style="list-style-type: none">- Muscle (skeletal/cardiac)- Kidneys
ALP	<ul style="list-style-type: none">- Bone- Kidneys- Placenta (first trimester)

Bilirubin

Bilirubin Transport



Bilirubin

- Unconjugated
 - Present in blood
 - Not soluble in water
- Conjugated
 - Conjugated in liver
 - Excreted via bile into small intestine
 - Converted to urobilinogen (excreted in urine) and stercobilin (excreted in faeces)

General principles of derangement

- Pre-hepatic
 - ↑ unconjugated bilirubin
 - Other LFTs largely normal
- Hepatic
 - ↑ AST/ALT
- Post-hepatic (obstructive)
 - ↑ ALP/GGT

Jaundice

- Yellowing - caused by bilirubin
- Pre-hepatic
- Hepatic
- Post-hepatic

Jaundice - causes

- Pre-hepatic
 - Haemolysis
 - Ineffective red cell production (Vit B12 deficiency)
- Hepatic
 - Hepatitis
 - Cirrhosis
 - Tumours
 - Drugs
 - Gilbert's
- Post-hepatic
 - Gallstones
 - Biliary stricture
 - Ca – cholangiocarcinoma, head of pancreas
 - Cholangitis

Hepatitis- Acute

- Early ↑↑ ALT / AST
- Followed by ↑ bilirubin
- Can be some mild ↑ ALP
- Causes:
 - Viral hepatitis
 - EBV
 - CMV
 - Drugs/toxins

Hepatitis – Chronic/Cirrhosis

- ↑ ALT / AST
- Other LFTs may be normal
- Could be ↓ albumin, ↑ PT/INR, ↓ cholesterol

Cholestasis (obstructive)

- ↑↑ ALP
- ↑ GGT/bilirubin
- May be some mild ↑ ALT/AST

Alcoholic hepatitis

- ↑ AST/GGT
 - Less ALP and bilirubin increase
- Acute:
 - 10x ↑ in AST and GGT
- Chronic
 - ↑ ALT, bilirubin, ALP
 - ↓ albumin
 - May be ↑ MCV
- Other Sx:
 - Nausea, hepatomegaly, ankle oedema, ascites

Test	Hepatitis	Obstruction
ALT	+++	+
AST	+++	+
ALP	±	+++
GGT	±	+++
Bilirubin	++	+++
Urine bilirubin	++	±

Disorder	Unconjugated	Conjugated	ALT	ALP	GGT	Synthetic	DDx	Comments
Pre-hepatic (unconjugated) Jaundice	↑	↔	↔	↔	↔	↔	All causes of haemolysis	Unconjugated bilirubin does not enter urine, so urine is pale or dark from Hb
Non-haemolytic (unconjugated)	↑	↔	↔	↔	↔	↔	Gilbert's syndrome (mild) Crigler-Najjar (rare but serious)	Unconjugated bilirubin does not enter urine, so urine is pale or dark from Hb
Hepatic (conjugated)	↔/↑	↑	↑↑	↔	↔	↓ (if chronic)	Viral Drugs Alcohol Cirrhosis	Dark urine, pale stool May have hepatomegaly
Post-hepatic (conjugated)	↔	↑	↑	↑↑	↑	↔	Stones Strictures Masses (liver or pancreas) Pancreatitis	Dark urine, pale stool
Bone Disease	↔	↔	↔	↑	↔	↔	Malignancy, Paget's, CKD	