

# Abnormal Liver Function: Recheck or Work Up?

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Contributing Writer

ORLANDO, FLA. — Isolated cases of abnormal liver function tests are a common finding in family medicine. Daniel J. Tambunan, M.D., shared three rules for dealing with elevated liver enzymes at the annual meeting of the American Academy of Family Physicians.

"You could go to the extreme and order a million-dollar work-up, but I am trying to propose something more user-friendly and a much more efficient way to find out what is causing the elevated liver enzymes," said Dr. Tambunan, assistant director of the Florida Hospital Family Practice Residency program in Orlando.

First, he recommends inquiring about alcohol (60% to 70% of abnormal results are secondary to alcohol use), prescribed medications, (including antibiotics and anticonvulsants), and over-the-counter med-

ications, such as acetaminophen, or herbal remedies (especially Kava).

Second, if the level is less than two times the upper limit of normal, recheck the liver enzymes in 6-8 weeks and advise the patient not to drink alcohol. If the enzymes remain elevated, complete the work-up.

Third, if the initial enzyme levels are more than two times the upper limit of normal, do a work-up; initial tests for elevated AST/ALT should include a hepatitis B and C panel (ALT levels will wax and

wane in hepatitis C), iron and total iron-binding capacity, serum electrophoresis, and serum ceruloplasmin.

For elevated alkaline phosphatase, "First thing I do ... is to do a GGT [gamma glutamyl transferase]," Dr. Tambunan said. "If the GGT comes back elevated, it suggests that the majority of the alkaline [phosphatase] is elevated due to the liver," and an ultrasound should be performed to look for gallstones or an obstruction and in women a antimitochondrial antibody

test should be ordered to check for primary biliary cirrhosis.

If the initial lab work points to bone, then order parathyroid, THS, and PSA tests and a bone scan looking for Paget's disease in women and prostate cancer in men.

For elevated bilirubin levels, obtain direct and indirect bilirubin levels. If indirect is slightly elevated, suspect Gilbert disease, or if markedly elevated liver disease. If direct is elevated, treat (cholestasis) or if very elevated suspect a biliary obstruction. ■

## Corticosteroids Not Advised With *C. difficile* Colitis

ORLANDO, FLA. — Corticosteroid use may increase the risk of complications leading to colectomy and death in patients with *Clostridium difficile* colitis, Sherri L. Burgess, M.D., said at the annual meeting of the American College of Gastroenterology.

In a case-control chart review of 181 adult patients with confirmed *C. difficile* colitis, 55 patients were treated with corticosteroids for the treatment of other medical problems, and 126 patients did not receive corticosteroids. Mortality was significantly higher in the corticosteroid group (40% vs. 15%), as was the colectomy rate (16% vs. 3%), reported Dr. Burgess of St. Vincent Charity Hospital, Cleveland.

Furthermore, six of nine patients (67%) who underwent colectomy in the corticosteroid group died, compared with one of four (25%) in the control group, she said.

"In our study, we could not explain [the differences] by other patient characteristics or comorbidity," she said.

Patients who developed severe outcomes were generally older, but this was true in both groups, and although serum albumin levels were lower in patients who required a colectomy or who died, there was no significant difference in the levels between those who did and those who did not receive corticosteroids.

Also, the greater proportions of women, patients with chronic obstructive pulmonary disease, and patients with heart failure in the corticosteroid group did not appear to affect severe outcome, Dr. Burgess said.

The findings suggest that a host immune response to corticosteroids may be a detrimental factor in patients with severe *C. difficile*. Additional studies are warranted, she concluded.

—Sharon Worcester

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