



Raised transaminases +/- ALP

1. Perform non-invasive liver disease screen (NILD screen)

- a. FBC UE LFT BONE GLUCOSE LIPIDS
- b. hepatitis B surface antigen (HBSAg)
- c. hepatitis C antibody (HCVAb)
- d. autoimmune profile
- e. immunoglobulins
- f. ferritin
- g. alpha 1 antitrypsin (α 1AT)
- h. coeliac screen (anti-TTG antibodies)
- i. TFTs
- j. fasting lipids / glucose
- k. caeruloplasmin (if age <40yrs)
- l. USS

2. Manage accordingly

- a. Alcohol excess and non-contributory NILD screen – consider referral to community alcohol team
- b. Likely non-alcoholic fatty liver disease (non-drinker with metabolic syndrome and non-contributory NILD screen) – REFER to hepatology if
 - i. Diabetic AND BMI > 28 or
 - ii. AST:ALT ratio > 0.8
 - iii. Otherwise review annually and promote healthy lifestyle
- c. Possible drug side-effect – consider stopping – balance risks / benefits
- d. Hep B serology +ve – REFER to hepatology
- e. Hep C antibody positive
 - i. Perform Hep C viral load
 1. If positive – REFER to hepatology
 2. If negative – repeat 3m later and if still negative reassure patient infection has cleared, no need to refer
- f. If ferritin > 500 perform iron studies and if iron saturation > 65% then REFER to hepatology otherwise consider other causes
- g. Positive anti-smooth muscle antibody or anti-mitochondrial antibody or raised IgG or IgM – REFER to hepatology
- h. Low alpha-1 antitrypsin level – REFER to hepatology
- i. Coeliac screen +ve – REFER to gastro
- j. No obvious cause – REFER to hepatology