Mildly Abnormal Aminotransferase Values of Unknown Cause: Proposed Algorithm for Primary Care Management/Referral to Hepatology Services

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1st ever documented abnormal ALT or AST (40-200IU/L)

Mildly abnormal ALT or AST (40-200IU/L)

Grossly abnormal ALT or AST (>200IU/L)

Normal synthetic liver function (bilirubin, albumin, PT)
Request clotting specifically; if PT >15 = sig prolonged

1. Assess lifestyle, alcohol intake, drugs/medications
2. Counsel/intervene as appropriate
3. If risk factors for HBV/HCV (e.g. blood transfusion pre-1991, IVDU, immigrant from high risk area) then request HBsAg and HCV Ab

Repeat LFTs after 3 months
If normal, no further action

If repeat ALT/AST still raised after 3 months, request full Liver Screen:
1. HBsAg, HCV Ab, even if no obvious risk factors in history
2. Liver autoantibodies (ANA, ANCA, AMA, ASMA, LKM)
3. Ferritin
4. Fasting lipids and glucose
5. Alpha 1 Anti-trypsin level
6. Copper and caeruloplasmin if under 40 years
7. Full blood count, clotting
8. Abdominal USS
9. Fibroscan – refer for this at present

Refer to Hepatology Services if any of the following:
• All above tests negative/normal but ALT persistently raised > twice ULN or AST>ALT
• HBsAg or HCV Ab positive (even if LFTs have normalised)
• Any liver auto-antibodies positive
• Ferritin > 500
• USS features of cirrhosis &/or portal hypertension (ascites, big spleen, low platelets)
• USS shows liver lesions
• Fibroscan score abnormal

Fatty Liver Disease suspected?
1. USS suggests fatty liver
2. Liver Screen is negative

Address alcohol, diet, exercise, weight, lipids, glucose