



GI- Elevated LFT/Hepatic Pattern

AST?ALT < 5 times upper limit of normal and normal Bilirubin

Pre-Referral Considerations:

Evaluation of mildly or moderately elevated aminotransferases

1. Initial evaluation includes testing for chronic viral hepatitis, hemochromatosis, and nonalcoholic fatty liver disease
2. The majority of patients in whom the diagnosis remains unclear after obtaining a history and laboratory testing will have alcoholic liver disease, steatosis, or steatohepatitis
 - A. Other diagnoses to consider:
 - Drug-induced
 - Thyroid disease
 - CHF-passive congestion
 - Muscle injury

Red Flags:

1. Patients with marked elevations in their aminotransferase levels (approximately 15 times the upper limit of normal or higher) often have acute hepatitis, although in some cases, there may be underlying chronic liver disease (eg, Wilson disease or an acute exacerbation of hepatitis B virus)
2. Typically start the evaluation of patients with LFTs that are 2 to less than 10 times the upper limit of normal with the following:

Labs:

1. Hepatitis B- HBS Ag, anti-HBSag, anti-HBc
2. Hepatitis C- anti HCV
3. Iron, TIBC
4. F-Actin, Anti-mitochondrial Ab (AMA), TSH

If above negative, and if history of alcohol consumption have them stop all alcohol and recheck LFT's in 1 month. If still high refer.

Imaging:

1. Liver ultrasound

Summary:

WHEN TO REFER TO GI SPECIALIST

1. Referral should be considered for patients with unexplained, persistent LFT elevations (≥ 2 times the upper limit of normal for aminotransferases or 1.5 times the upper limit of normal for alkaline phosphatase)
2. If the LFTs normalize or remain mildly elevated (< 2 times the upper limit of normal for aminotransferases or less than 1.5 times the upper limit of normal for alkaline phosphatase), expectant management is reasonable in most cases. In these patients, would follow their liver biochemical and function tests every six months.



3. It is reasonable to refer such patients to a gastroenterologist if the LFTs remain elevated without a clear explanation, if they subsequently increase, or if otherwise warranted by the specific features of the case.

Comments:

Include:

1. Patient information that is pertinent to the referral.
(Additional patient information that is not essential - should be submitted only if already part of the patient's record.)
 - A. Past history/ active problem list- diabetes, CHF, IBD, celiac, etc.
 - B. Surgeries
 - C. Specific symptoms and signs related to condition
 - D. Medications- current, and prior (pertinent to diagnosis-including statins)), allergies
 - E. Prior evaluations /treatment (by other specialists, health care systems, etc.)
 - F. Pertinent family history
 - G. Risk factors – alcohol, sexual, work exposure
 - H. List of providers (health care team)
2. Question to be answered
3. Consultation (Evaluate and Advise) vs Co-Management (PCP and Specialist to share care)
 - ❖ If questions about referral, urgency please call 231-728-1700 or direct physician contact information through affiniahealth.com or DocHalo

References:

http://www.uptodate.com/contents/approach-to-the-patient-with-abnormal-liver-biochemical-and-function-tests?source=search_result&search=elevated+alk+phos&selectedTitle=1%7E150

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3341633/>

<https://www.guideline.gov/content.aspx?id=38889>