

# Hepatitis liver function test

1. Hemochromatosis
2. Wilson disease
3. alcoholic hepatitis
4. Non-alcoholic steatohepatitis
5. Autoimmune hepatitis

# MCQs

- 69 year old patient with jaundice and mild fatigue only , Direct bilirubin is elevated( more than 80% ) with high Alkaline phosphatase and normal AST ALT, proper diagnostic tool for this patient :

**CT Scan ( suggestion of malignancy )**

**(there was ERCP as other choice but not the correct answer Approved by dr. waleed)**

- hemochromatosis wrong about it : **congestive ?**

- Wrong about hemochromatosis:

a. Has a male predominance

b. Autosomal recessive

**c. Congestive cardiomyopathy**

d. Patients have gray skin pigmentation from iron deposition

- One of the following is least likely feature of hemochromatosis:

**a. Fulminant liver failure**

b. Psuedogout

c. Diabetes

d. Bronze skin

e. Hepatocellular carcinoma

- Which ONE of the following is LEAST associated with hemochromatosis.

a. cardiomyopathy

b.hypogonadism

**c. Chorea.**

d. diabetes mellitus

e. liver cirrhosis.

- Most common cause of cirrhosis in our region?

**A. Viral hepatitis**

B. Autoimmune hepatitis

C. Budd–Chiari syndrome

D. Alcohol

E. Wilson’s disease

• Wilson's disease should be considered in all of the following medical scenarios, except:

- a. Abnormal liver enzymes and non-immune hemolytic anemia
- b. Exaggerated high bilirubin level and depressed alkaline phosphataea
- c. Decreases serum ceruloplasminis
- d. Elderly patient with neuropsychiatric problem**
- e. Fulminat liver failure with low uric acid

• All the following statements are associated with Wilson's disease Except.

- a- Kayser-Fleischer rings.
- b- haemolysis
- c- Elevated serum ceruloplasmine**
- d- Renal tubular acidosis
- e- Chorea.

• Fanconi syndrome is associated with each one of the following, except:

- A. Hydronephrosis**
- B. Osteomalacia
- C. Aminoaciduria
- D. Glycosuria
- E. Proximal renal tubular acidosis

• All of the following medications are being used for non-alcohol steatohepatitis (NASH), except:

- a. Betaite
- b. Ursodeoxycholic acid
- c. ribaverin**
- d. Vitamin e
- e. Beta carotene

• Not used in diagnosis of hepatitis?

- A. HBsAg
- B. HBV DNA
- C. Anti-HBc
- D. HBcAg**
- E. Anti-HBe

Fanconi syndrome

A disorder of renal tubular function Features

- type 2 (proximal) renal tubular acidosis
  - aminoaciduria
  - glycosuria
  - phosphaturia
- osteomalacia Causes
  - inherited: cystinosis, Wilson's disease
  - acquired: renal, Sjogren's

Disease	Liver Test Abnormalities	Diagnostic Testing	Treatment
Autoimmune hepatitis	AST, ALT	ANA, antismooth muscle Ab, immunoglobulins	Prednisone plus azathioprine, transplant
Primary biliary cirrhosis	AP	Antimitochondrial Ab	UDCA, transplant
Primary sclerosing cholangitis	AP	ERCP, MRCP, pANCA	Stenting of strictures, transplant
Alcoholic liver disease	AST/ALT ratio >2	History suggestive; improvement with abstention from alcohol	Pentoxifylline, corticosteroids, transplant
Hemochromatosis	AST, ALT	Iron saturation, ferritin, genetic analysis	Phlebotomy, transplant
Wilson disease	AST, ALT	AP low, ceruloplasmin low, high 24-h urine copper, hepatic copper high	Chelation, transplant
Hepatitis A	AST, ALT	Anti-HAV IgM	Supportive
Hepatitis B	AST, ALT	HBsAg, HBc-IgM, HBeAg, HBV DNA	Nucleoside and nucleotide analogues, interferon- $\alpha$ , transplant
Hepatitis C	AST, ALT	Anti-HCV, HCV RNA	Oral direct-acting antiviral medications

Ab, Antibody; ALT, alanine aminotransferase; ANA, antinuclear antibodies; AP, alkaline phosphatase; AST, aspartate aminotransferase; DNA, deoxyribonucleic acid; ERCP, endoscopic retrograde cholangiopancreatography; MRCP, magnetic resonance cholangiopancreatography; HAV, hepatitis A virus; HBc, hepatitis B core; HBsAg, hepatitis B surface antigen; HBV, hepatitis B virus; HCV, hepatitis C virus; HBeAg, hepatitis B e antigen; IgM, immunoglobulin M; pANCA, perinuclear antineutrophil cytoplasmic antibody; RNA, ribonucleic acid; UDCA, ursodeoxycholic acid.

- Anti smooth muscle antibodies highest in **autoimmune hepatitis**

- All to detect renal disease except:

- biopsy

- CT triphasic

not direct assessment of renal function or pathology.

- autoimmune serology

- HbA1c**

- Wrong about autoimmune hepatitis:

- a. Not associated with hepatosplenomegaly or spider naevi

# Mini-OSCE

Q1 - This 60 year old male has a long history of alcoholism. All of the following are important factors in assessing his mortality rate except?

- a. **Very high ALT and AST ( $>1000$ )**
- b. Albumin level
- c. Presence of encephalopathy
- d. Prolonged PT
- e. Bilirubin level



11-This 60 year old male has a long history of alcoholism . Other signs suspected To be seen in this patient include all the followings except ?

- a. Palmer erythema
- b. Ascites
- c. Gynecomastia
- d. Hirsutism**
- e. Dupuytren's contracture



**Q11** : 20 Year old male , came with fever followed by this picture , what is the best Lab to reveal the diagnosis ?

- **HbsAg**
- Liver Function Test
- CT
- ALP



Q9 ) Patient presented with this CBC findings :

LOW MCV  
LOW MCHC  
HIGH RDW  
LOW Hgb

- Which one of these tests should not be done to confirm diagnosis:
  - a) Serum iron
  - b) Serum ferritin
  - c) TIBS
  - d) Transferrin Receptors antibodies
  - e) Transferrin Saturation**

الأجابة من الدكتور ..

((Transferrin Saturation used to diagnosis hemochromatosis)

The patient complaining from hepatitis A and his INR  $>2.1$  what is the best management to do?

- A. ICU
- B. SUPPORTIVE**
- C. Anticoagulant
- D. Antibiotic

