

## HISTORY: JAUNDICE

*The presentation of jaundice is a classic test of understanding of hepatic physiology and history is vital in working out the cause. Below, we give a structure to use to try to ascertain the causes. A scenario could involve a presenting complaint of: "Mr Jones has presented today after his wife started to notice that his eyes were yellow". It is important to note that jaundice generally appears in the sclera before the skin.*

### History of Presenting Complaint

- Look at **age** of patient to help focus history taking:
  - o **Young**: consider viral hepatitis due to tattoos, intravenous drug use or risky sexual activity
  - o **Middle-aged/elderly**: may focus more on alcohol history/?malignancy.
  - o **Young female**: Consider pregnancy (Cholestasis of pregnancy, acute fatty liver of pregnancy, HELLP). If overweight, consider NAFLD/NASH
- Establish **time frame**:
  - o Slowly developed over time (months-years): Think alcohol excess, obesity, Hepatitis B or C, malignancy (e.g. liver metastases).
  - o Rapid onset (weeks): Acute viral hepatitis (Hepatitis A or E), autoimmune disorders, pregnancy related
- Associated symptoms:
  - o **Dark urine/pale stools**: If YES think about obstructive/cholestatic jaundice (e.g. due to gallstones, pancreatic malignancy)
  - o **Itching** (in obstructive jaundice most commonly- deposition of bile acids in skin, NOT caused by bilirubin)
  - o **Abdominal pain**: If associated with fever and general malaise, consider Ascending Cholangitis
- Do they drink alcohol? How much, what type, how many times per week and for how many years (calculate total number weekly units). If concerns, screen for dependence using **CAGE (see box)**
- Recent travel:
  - o In general, developing countries tend to have higher incidence of Hep A/E (epidemics with disruption of water supplies e.g. heavy rainfall). Establish where they stayed, and ask about what they ate and where they got their drinking water from
  - o What did they do: **sexual history, IV drug use**, get any **tattoos** (unsterile needles can lead to blood borne transmission). All risk factors for Hepatitis B & C.
- If not asked in travel history, take detailed sexual history:
  - o number of partners
  - o male or female
  - o use of condoms/other barrier protection
  - o last sexual health check.
  - o For extra marks, if high risk consider asking symptoms of other STIs (HIV, chlamydia, gonorrhoea etc) and offer screening.
- Any chance of **pregnancy** (if woman of childbearing age)

### OSCE-Aid Tips

Dark urine and pale stools are a feature of **CONJUGATED HYPERBILIRUBINAEMIA** – i.e. there is biliary obstruction, meaning bilirubin is excreted in the urine and not in the stool, resulting in these colour changes

### CAGE Screening Tool

**C** Have you ever felt you needed to Cut down on drinking?  
**A** Has anyone become Annoyed by your drinking?  
**G** Have you ever felt Guilty about drinking?  
**E** Have you ever had an Eye opener

If answer YES to 2 of the above, further investigation in alcohol consumption is indicated. The most specific question for dependence is 'Eye opener' Find out more in our [alcohol history station](#).

- Ask about **intravenous drug** use EVER: Hepatitis C may be asymptomatic for 30 years (!) and then present with decompensated cirrhosis. Ask about any **tattoos**: where they had them done etc. Any previous **blood transfusions**
- Any **weight loss**, fatigue, change in bowel habit (suggestive of malignancy)
- Any history of intentional **overdose** (ask specifically about PARACETAMOL) or unintentional – e.g. due to chronic pain
- Any recent coughs or colds (**Gilbert's syndrome**: 5% population- harmless mild jaundice due to an enzyme deficiency- ask about family history of jaundice during illness)

### Past Medical History

- Gallstones
- Previous malignancy (especially bowel, pancreatic)
- Previous history of jaundice (may have chronic active viral hepatitis, Gilbert's etc)
- Previous history of cholecystectomy (may have retained stone in CBD)
- History of autoimmune disease (Vitiligo, type 1 diabetes, thyroid disease) may point towards autoimmune hepatitis, primary biliary cirrhosis.

### Drug History

MANY cause jaundice e.g.:

- Co-amoxiclav (cholestasis)
- Isoniazid, rifampicin (TB drugs)
- Oral Contraceptive Pill

Ask about allergies

### Family History

- Autoimmune disease
- Jaundice/maternal risk factors for viral hepatitis generally (90% foetal transmission rate of hepatitis B if chronic active hepatitis)

### Social History

- Occupation:
  - o Sewage workers: Hepatitis A & E, Leptospirosis
  - o Health care workers: needle stick injury
- Smoking history (malignancy)
- Family - anyone else with similar symptoms (viral hepatitis)

For reference: Some causes of jaundice

Pre-hepatic (Unconjugated)	Hepatic (Unconj/conj or mixed)	Post-hepatic (conjugated)
Gilbert's Syndrome (most common)	Viral Hepatitis	<b>Extra-hepatic:</b>
Haemolysis (e.g. hereditary spherocytosis)	Other (less common) infections: Leptospirosis, brucellosis	Gallstones (most common)
Thalassemia	Alcoholic hepatitis	Malignancy (causing biliary obstruction)
	Autoimmune hepatitis	<b>Intra-hepatic:</b>
	Drug induced (paracetamol)	Primary biliary cirrhosis
		Drugs (e.g. co-amoxiclav)
		Primary sclerosing cholangitis (Assoc. with UC)

#### References:

Causes of jaundice: <http://patient.info/doctor/jaundice-pro>