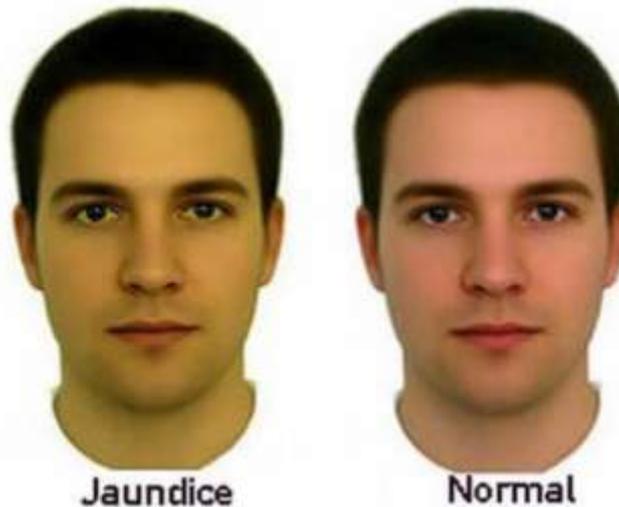




Jaundice:

Jaundice (icterus): is a yellowish discoloration of tissue resulting from the deposition of bilirubin. Tissue deposition of bilirubin occurs only in the presence of serum hyperbilirubinemia and is a sign of either liver disease or, less often, a hemolytic disorder. The presence of scleral icterus indicates a serum bilirubin of at least 51 mmol/L(3mg/dL).



Differential diagnosis: for yellowing of the skin is limited. In addition to jaundice, it includes Carotenoderma.

Carotenoderma: is the yellow color imparted to the skin by the presence of carotene; it occurs in healthy individuals who ingest excessive amounts of vegetables and fruits that contain carotene, such as carrots, leafy vegetables, squash, peaches, and oranges. Unlike jaundice, where the yellow coloration of the skin is uniformly distributed over the body, in carotenoderma, the pigment is concentrated on the palms, soles, forehead, and nasolabial folds. Carotenoderma can be distinguished from jaundice by the sparing of the sclerae. the normal serum bilirubin concentration usually is 17 mol/L (<1 mg/dL). Up to 30% of the total is direct reacting (conjugated) bilirubin.



Classification and causes of jaundice

1-Pre-hepatic jaundice:

This is caused either by haemolysis or by congenital hyperbilirubinemia, and is characterised by an isolated raised bilirubin level.

2-Hepatocellular jaundice:

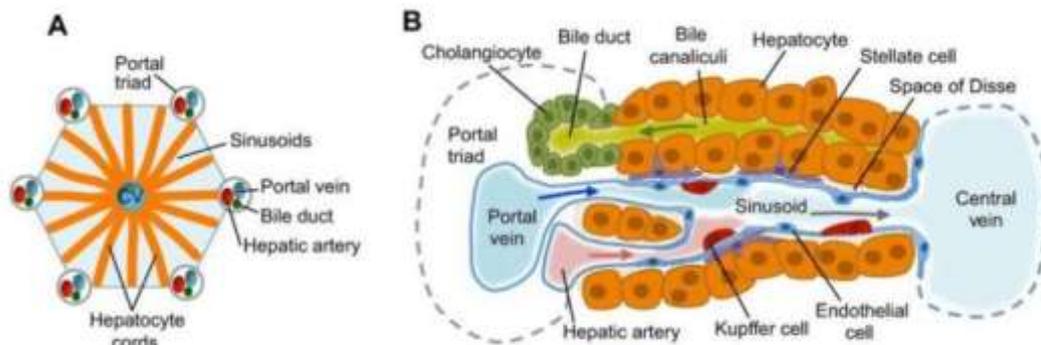
results from an inability of the liver to transport bilirubin into the bile, occurring as a consequence of parenchymal disease.

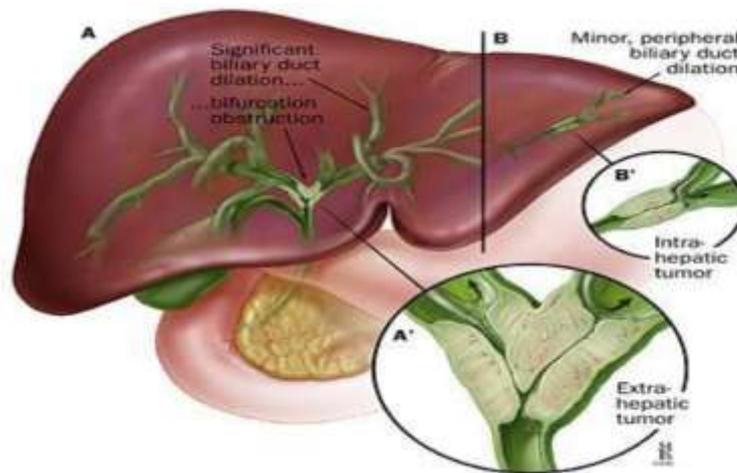
Causes :

- 1- viral hepatitis
- 2- drugs (anti TB , Anti lipid ,antibiotics).
- 3- environmental toxicity, alcohol.

3-Obstructive (cholestatic) jaundice causes:

- failure of hepatocytes to initiate bile flow.
- obstruction of the intrahepatic bile ducts ,examples :Primary biliary cirrhosis ,primary sclerosing cholangitis.





- obstruction of bile flow in the extrahepatic bile ducts ;example : choledocholithiasis (gallstone block the common bile duct).

Diseases of the liver

Viral hepatitis A:

Clinical feature: is spread by the faecal–oral route. Infected individuals, who may be asymptomatic, excrete the virus in feces for about 2weeks before and 2 weeks after the onset of symptom. Infection is common in children but often asymptomatic. In contrast to hepatitis B, a chronic carrier state does not occur.

Investigations:

Anti-HAV of the IgM type, indicating a primary immune response.

Treatment: Supportive treatment.

Viral hepatitis B:

Approximately 1/3 of the world’s population have serological evidence of past or current infection with hepatitis B.

HepatitisB may cause an acute viral hepatitis; however, acute infection is often asymptomatic, particularly when acquired at birth. Many individuals with chronic hepatitis B are also asymptomatic. Chronic hepatitis can lead to cirrhosis or HCC, usually after decades of infection.

Source of HBV infection and risk of chronic infection:

Horizontal transmission (10%):

- | | |
|----------------------------------|--|
| 1 • Injection drug use. | 3 • Infected unscreened blood products |
| 2 • Tattoos/acupuncture needles. | 4 • Sexual |



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Vertical transmission (90%):

- HBsAg-positive mother

Viral hepatitis C:

Most individuals are unaware of when they became infected and are only identified when they develop chronic liver disease.

Risk factors for the acquisition of chronic hepatitis C infection:

- 1 • Iv drug misuse - Need lestick injury.
- 2 • Unscreened blood products
- 3 • Vertical transmission
- 4 • Iatrogenic parenteral transmission (i.e. contaminated vaccination needles)
- 5 • Sharing toothbrushes/razors