

CHOLESTASIS

ABOUT THE DISEASE

Cholestasis is a general term used when the natural flow of bile out of the liver is slowed or completely obstructed.

The causes of **cholestasis** are divided into two groups:

- Intrahepatic (inside the liver) Caused by inflammation or cancer of the liver and/or internal bile ducts.
- Extrahepatic (outside the liver) Caused by stones or strictures of the external bile ducts, gallbladder mucocele, diseases/cancer of the pancreas, or duodenal (intestine) disease. Please see the <u>Gallbladder Mucocele</u> document for additional information.

Symptoms include vomiting, abdominal pain, abdominal distension, yellowing of the skin/eyes/gums (icterus/jaundice), dark urine, and/or stools that are pale/white (acholic feces) in appearance.

OBTAINING A DIAGNOSIS

Standard in-house blood testing will identify **cholestasis** however the underlying cause is often more difficult to diagnose.

A combination of tests is often required, including abdominal ultrasound, liver biopsy, endoscopy, magnetic resonance imaging (MRI), and sometimes abdominal exploration.

In severe cases, patients are often sent to referral centers for higher order testing.

TREATMENT

When diseases of infection or general inflammation are suspected, many patients are treated on the outpatient basis. However, in more advanced cases, patients may require hospitalization or referral for more intensive care.

The goal of treatment is to manage symptoms such as vomiting, abdominal pain, and dehydration. A few liver supportive medications exist (acetylcystine, SAMe, milk thistle, etc.), but are nonspecific treatment options. Antibiotics are often elected as bacterial infections cannot completely be excluded in many cases.

When bile duct obstructions are suspected or present, patients will require abdominal surgery.

TIPS FOR SUCCESS

- Have patients immediately evaluated if they develop icterus/jaundice.
- Do not wait to have a patient rechecked if their treatment regimen does not appear to be helping.