

# Priority Topic: HEPATITIS

## Key Features:

1. In a patient presenting with [hepatitis symptoms](#) and/or [abnormal liver function tests](#), take a focused [history](#) to assist in establishing the [etiology](#) (e.g., new drugs, alcohol, blood or body fluid exposure, viral hepatitis).

***What you should study:*** know the presentation and have a DDx

- ✓ [Mildly elevated transaminases AAFP 2017](#)
- ✓ [Liver Enzymes - Handling Abnormal Results PBSGL 2013](#)  
<https://members.fmpe.org>

2. In a patient with abnormal liver enzyme tests [interpret the results](#) to [distinguish](#) between [obstructive](#) and [hepatocellular](#) causes for hepatitis as the subsequent investigation differs.

***What you should study:***

- ✓ [Les hépatites aiguës MduQ 2012 tableau 1](#)
- ✓ [La stéatose hépatique - pas que du foie gras! MduQ 2015](#)
- ✓ [NAFLD Diagnosis and Management AAFP 2013](#)

3. In a patient where an [obstructive pattern](#) has been identified,
- Promptly [arrange for imaging](#),
  - [Refer](#) for more definitive management in a timely manner.

**What you should study:**

- ✓ [Les lesions hepátobiliares a l'echographie MduQ 2015](#)
- ✓ [Neonatal Hyperbilirubinemia AAFP 2014](#)
- ✓ [Evaluation of Jaundice in Adults AAFP 2017](#)

4. In patients positive for [Hepatitis B and/or C](#),
- [Assess their infectiousness](#),
  - Determine [human immunodeficiency virus](#) status.

**What you should study:**

- ✓ [ABC's of hepatitis CDC 2016](#)
- ✓ [Hepatitis B - Diagnosis and Treatment AAFP 2010](#)
- ✓ [Diagnosis and Management of Hepatitis C AAFP 2015](#)
- ✓ [Hepatitis C in the clinic AIM 2016](#)
- ✓ [Hepatitis A, B and C - Pediatrics AAP 2016](#)

5. In patients who are [Hepatitis C antibody positive](#) determine those patients who are [chronically infected](#) with Hepatitis C, because they are at [greater risk](#) for cirrhosis and hepatocellular cancer.

**What you should study:**

- ✓ [ABC's of hepatitis CDC 2016](#)

6. In patients who are [chronically infected](#) with Hepatitis C, [refer](#) for further assessment and possible treatment.

7. In patients who are [at risk](#) for [Hepatitis B](#) and/or [Hepatitis C](#) exposure,
- a) Counsel about [harm reduction strategies](#), risk of [other blood borne diseases](#),
  - b) [Vaccinate](#) accordingly.

**What you should study:**

- ✓ [Hepatitis B - Diagnosis and Treatment AAFP 2010](#)
- ✓ [Diagnosis and Management of Hepatitis C AAFP 2015](#)
- ✓ [PHAC site: Vaccines](#)

8. Offer [post-exposure prophylaxis](#) to patients who are exposed or possibly exposed to [Hepatitis A or B](#).

**What you should study:**

- ✓ [Pocket PEP St Mike's for HIV/HBV/HCV](#)
- ✓ [Hepatitis A PEP Quicksheet 2017](#)

9. Periodically [look for complications](#) (e.g., cirrhosis, hepatocellular cancer) in patients with [chronic viral hepatitis](#), especially hepatitis C infection.

**What you should study:**

- ✓ [Hepatitis B - Diagnosis and Treatment AAFP 2010](#)
- ✓ [Diagnosis and Management of Hepatitis C AAFP 2015](#)
- ✓ [Prise en charge de la cirrhose MduQ 2012](#)

**Exam tip:** In the “management” section of any SOO or in a SAMP, always remember to think about whether vaccinations are indicated