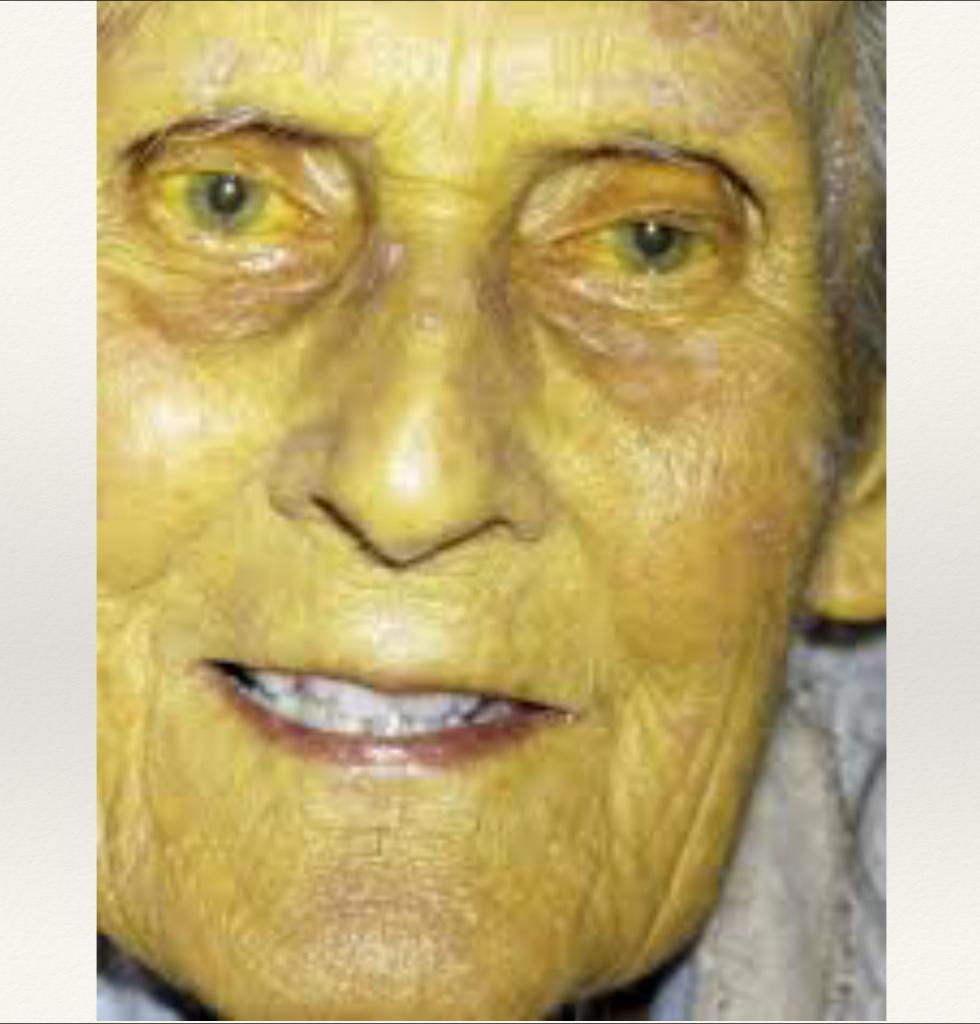
Approach to Jaundice

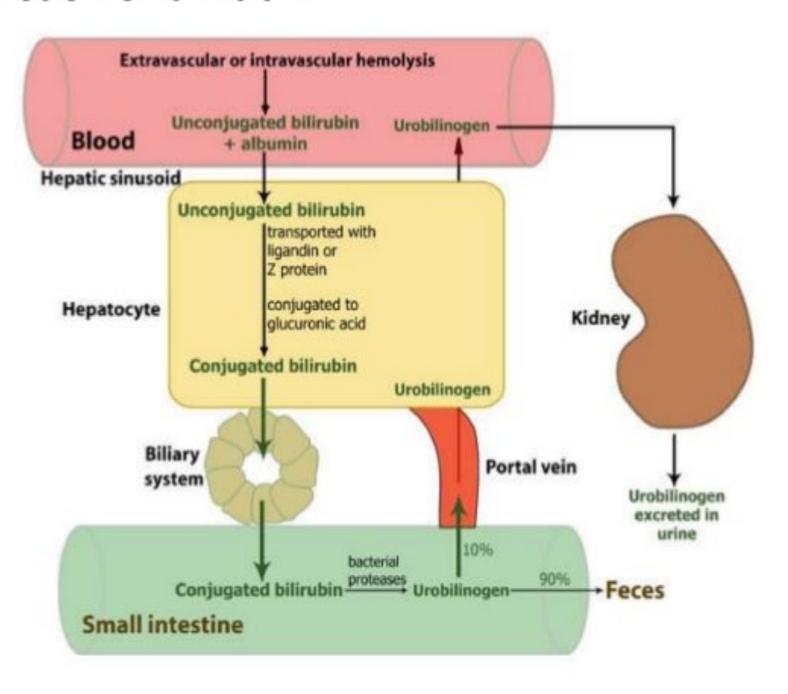
Dr. Abdullah Aloraini

* Definition:

- * It is Yellowish discoloration of skin, mucous membranes, sclera and body fluids due to hyperbilirubinemia.
- Usually clinically apparent when bilirubin level > 50 mmo/l
- Could be
 - A. Pre-Hepatic
 - B. Hepatic
 - c. Post-Hepatic



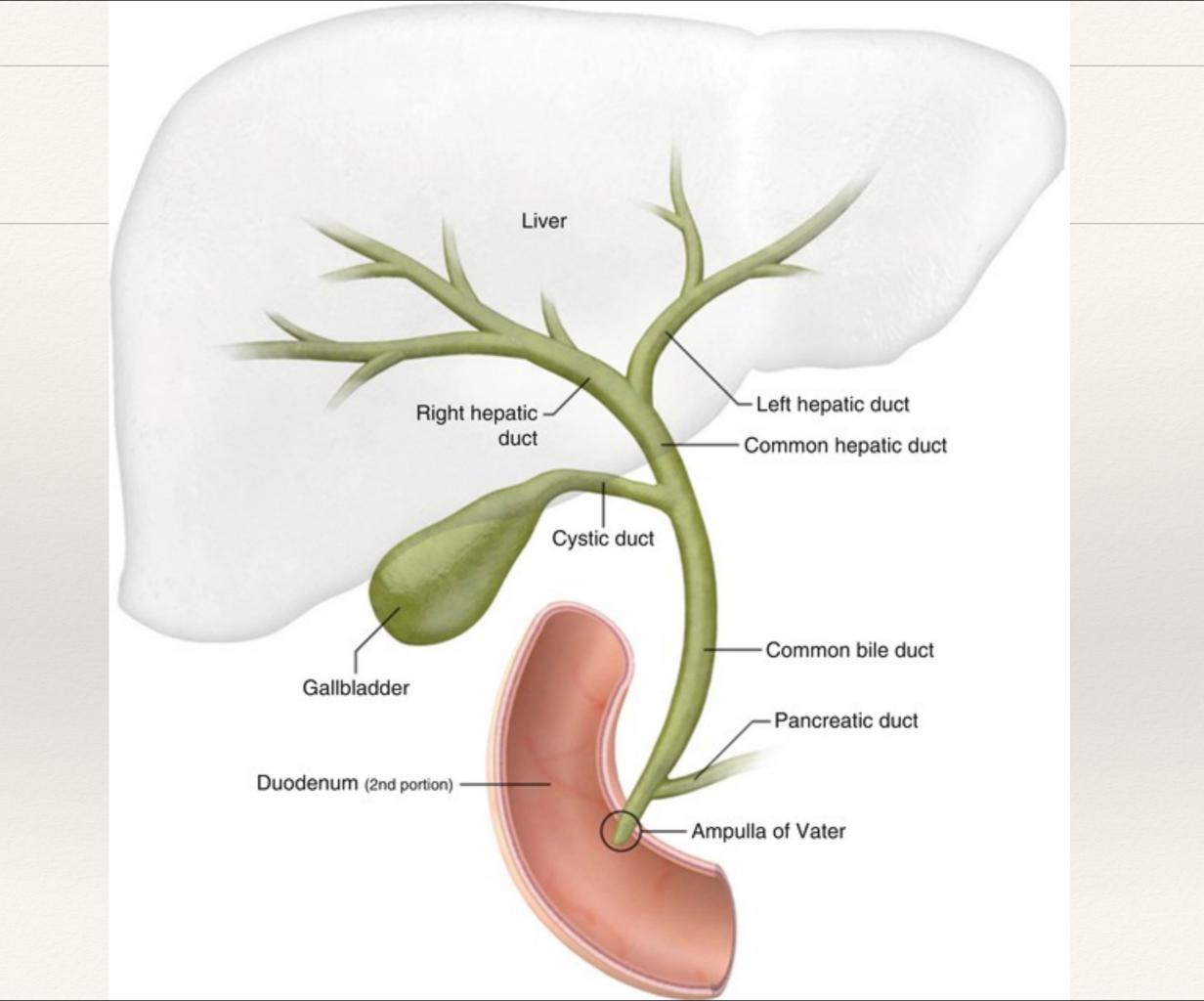
Excretion of bilirubin

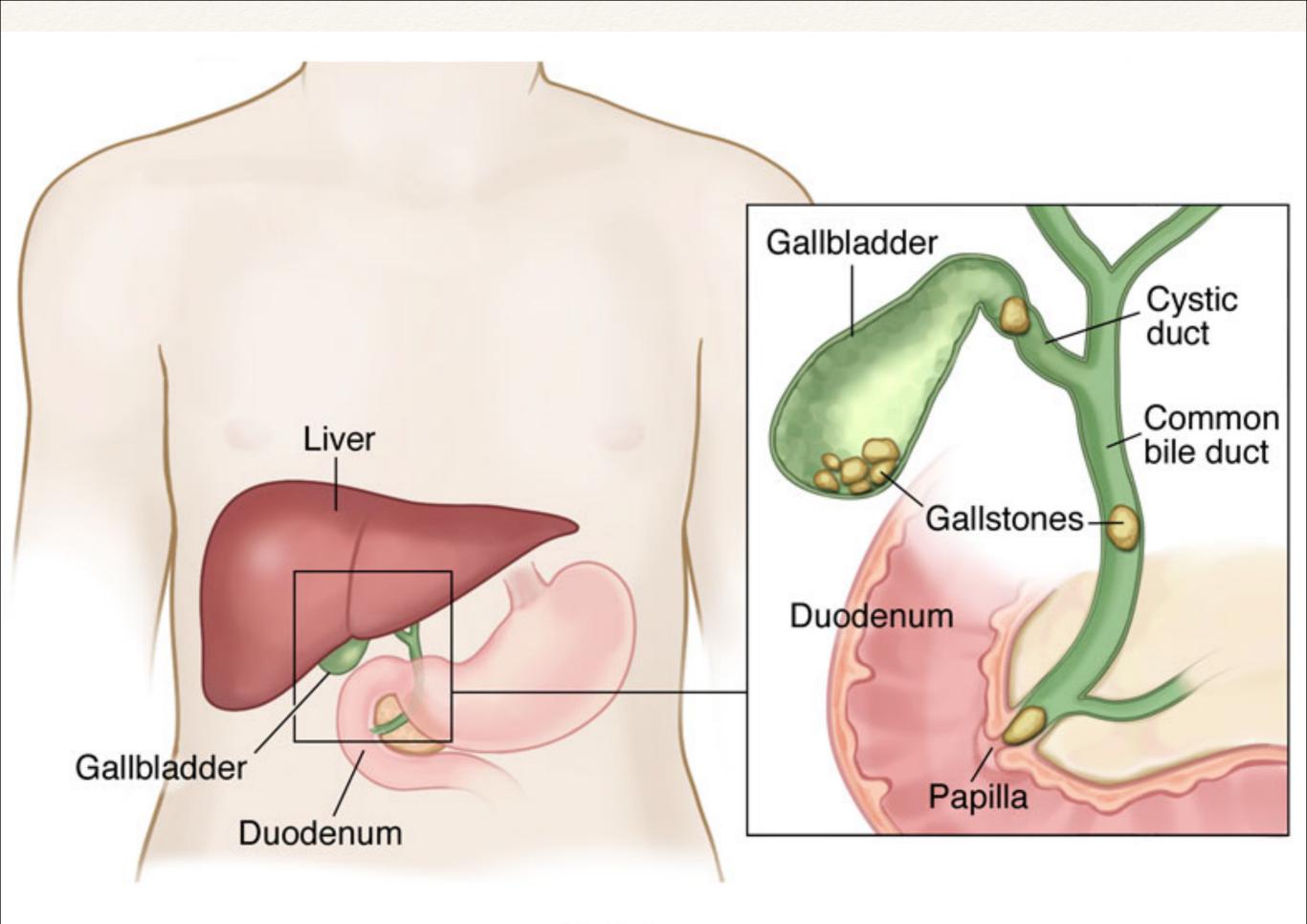


- Pre-Hepatic jaundice:
 - * The liver conjugation is NOT compromised
 - * The liver excretion is not affected
 - * The capacity of the liver is overwhelmed
 - * Total bilirubin increased and UNCONJUGATED (Indirect)
 - Hemolytic Anemia
 - * Transfusion reaction.

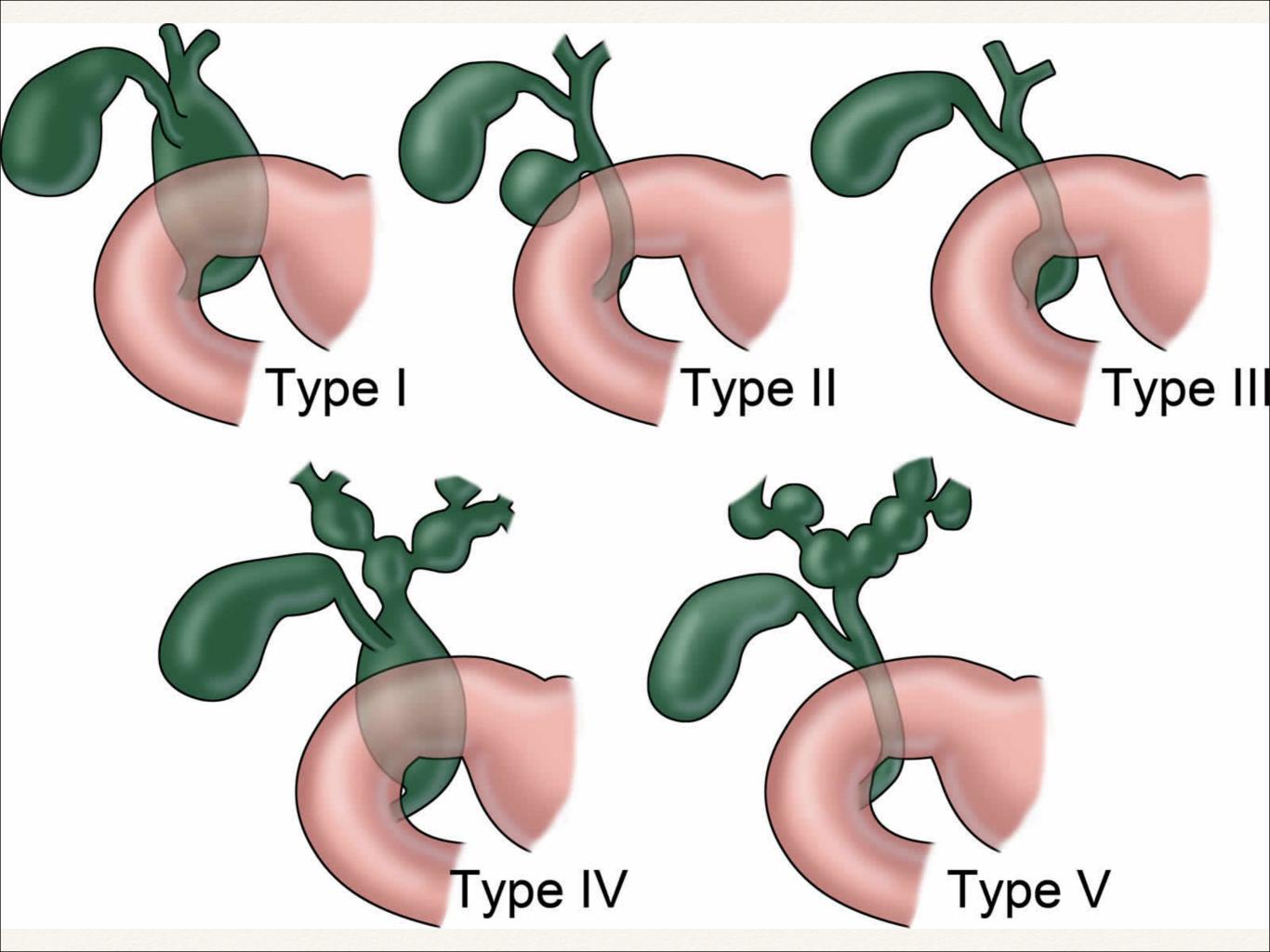
- * Hepatic jaundice:
 - * Liver dysfunctional metabolism leads to increased bilirubin level, may be due to storage problems, intra-hepatic obstruction, or externsic insults.
 - Infectious hepatitis
 - Viral hepatitis
 - * Cirrhosis
 - Decompenstaed ones regardless of etiology
 - Drugs
 - * Alcohol

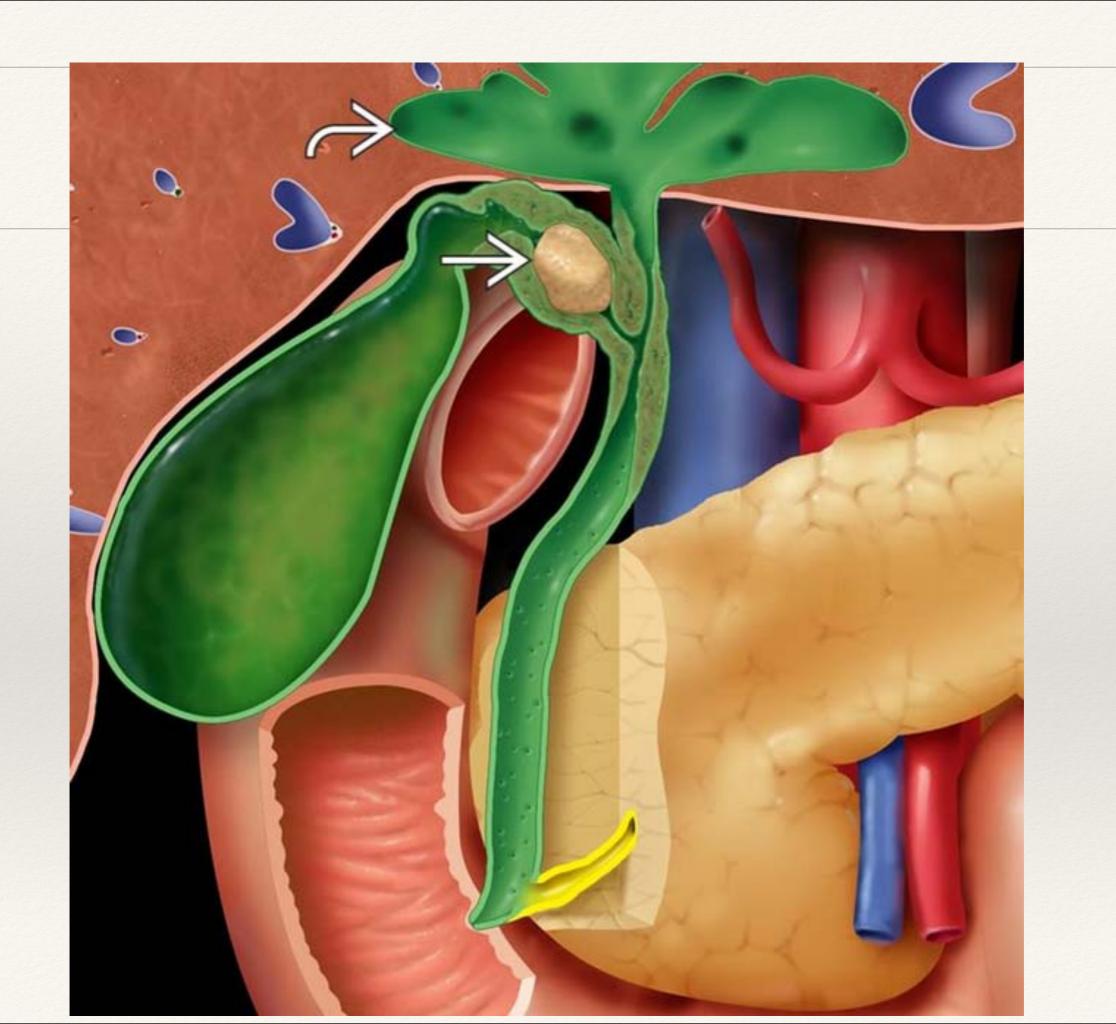
- Post-Hepatic jaundice:
 - * It is due to obstruction of the bile duct after liver secretion.
 - * Depending on the location of the duct obstruction can be classified into:
 - a) Intraluminal
 - b) Intramural
 - c) Extramural

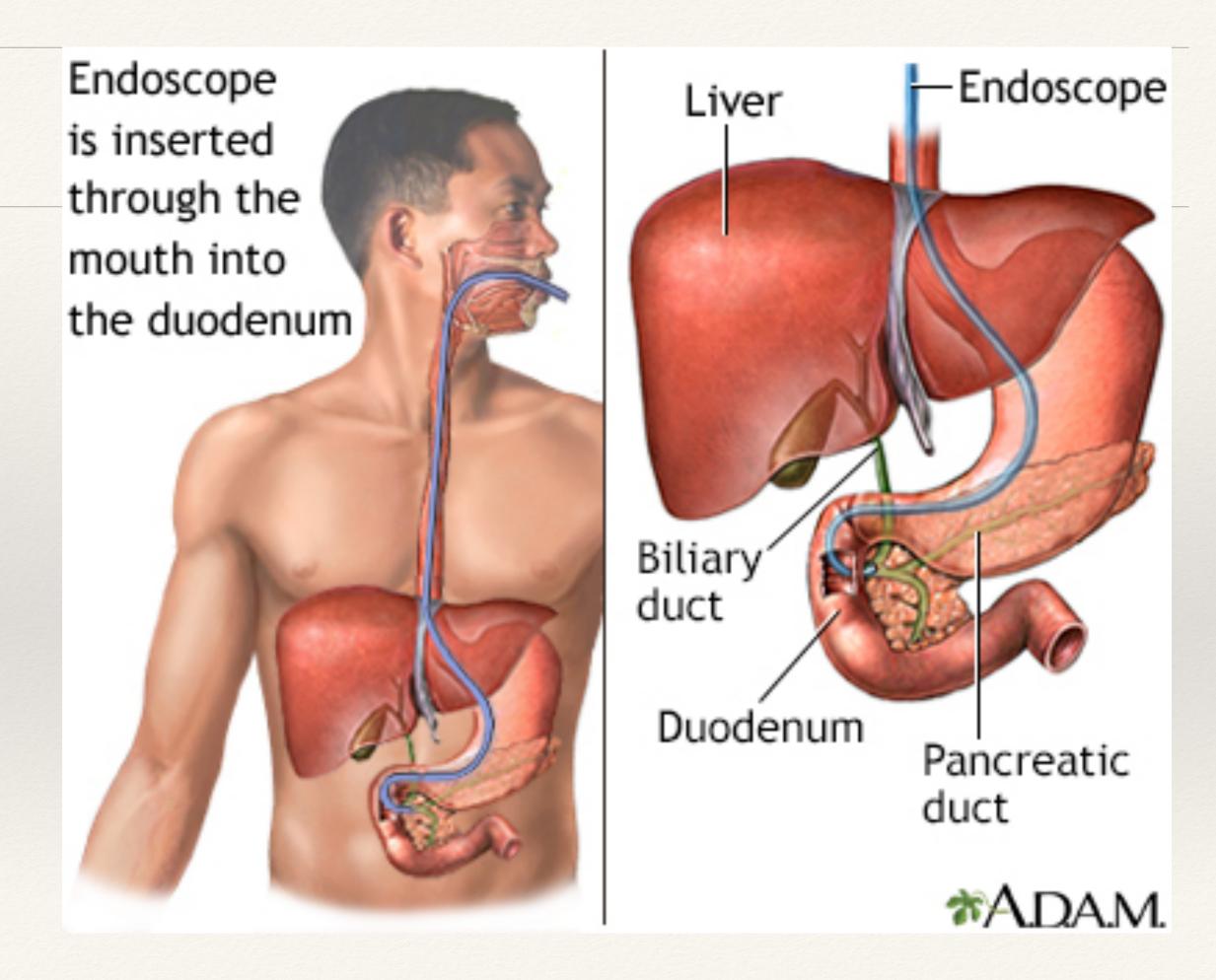


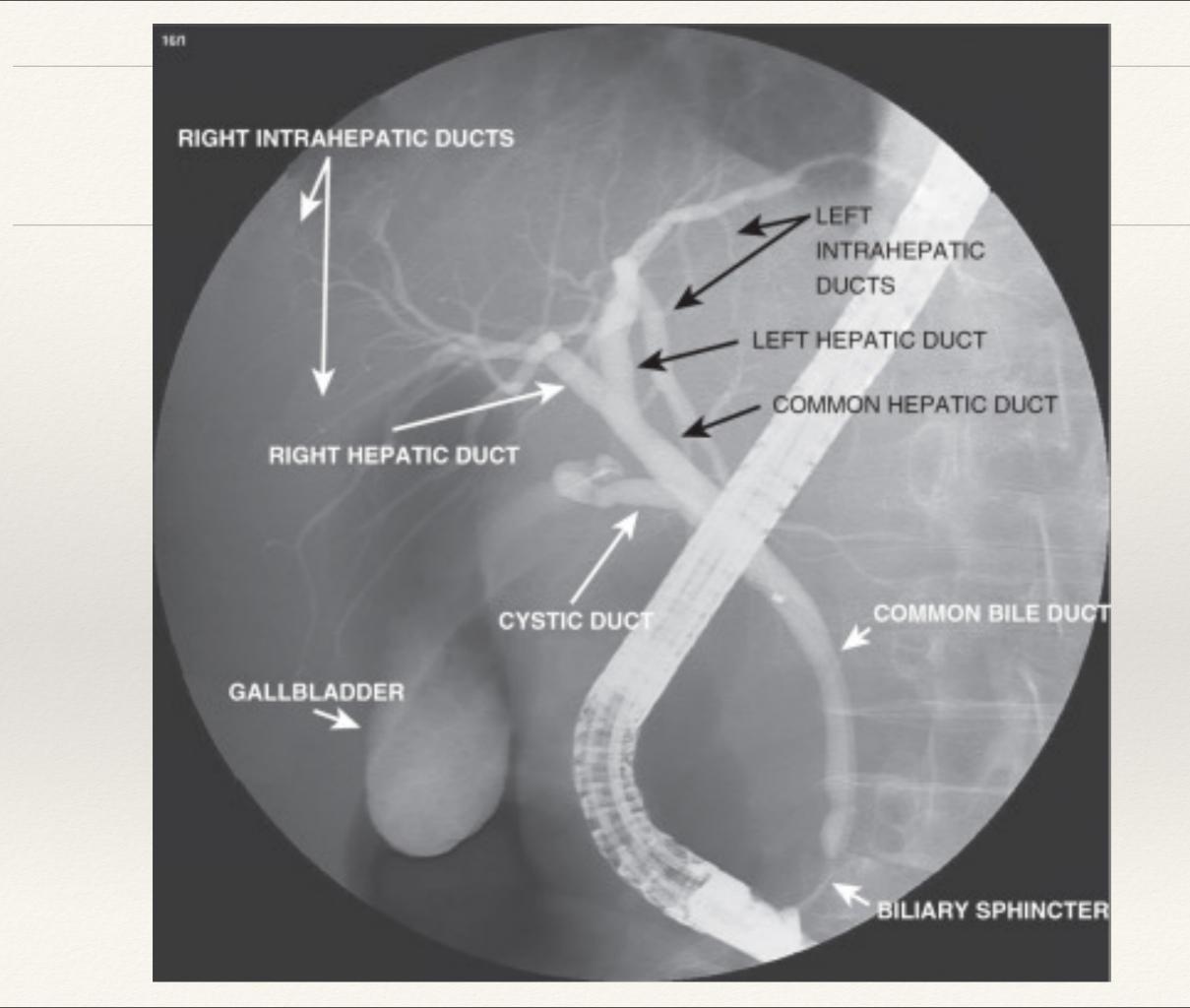


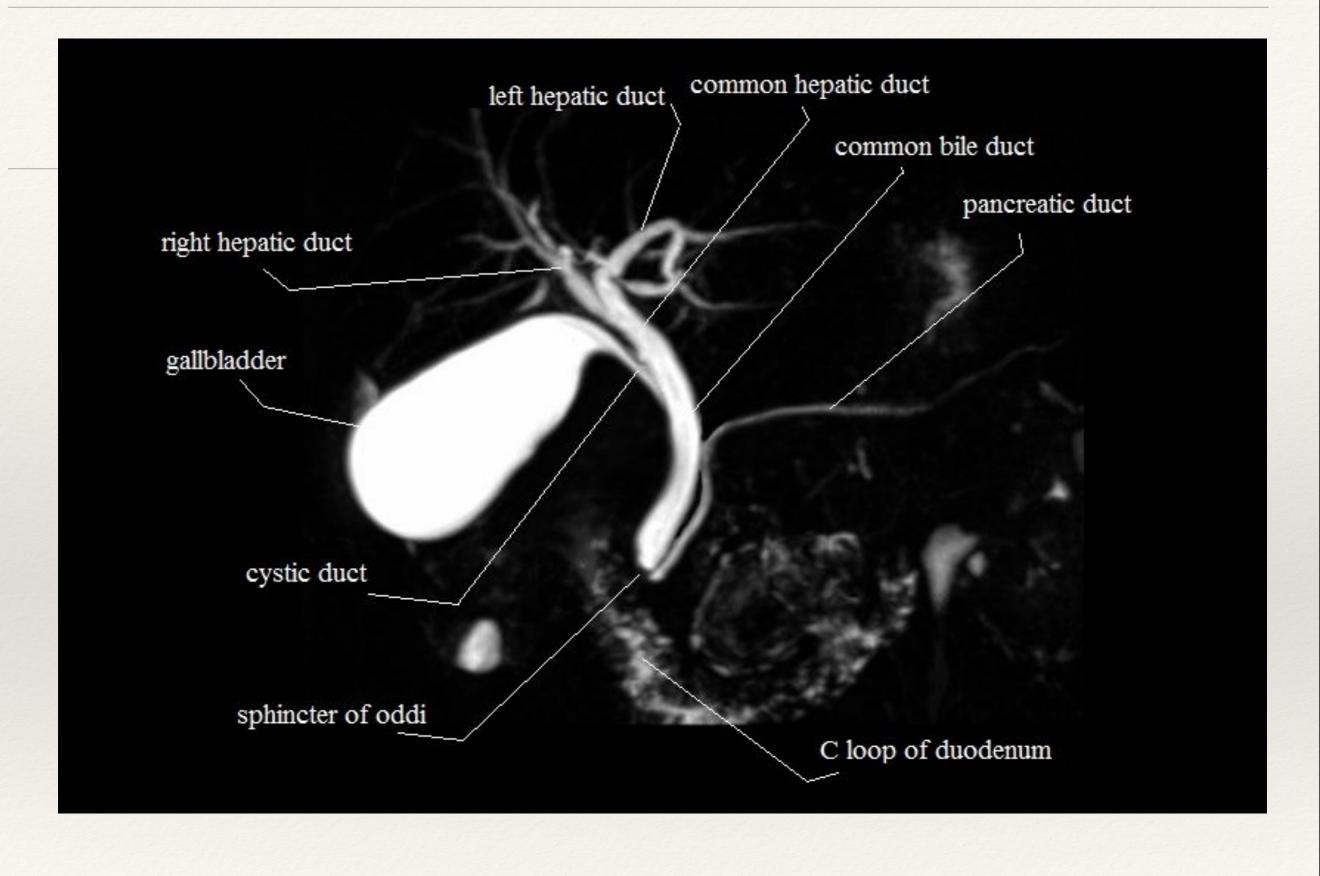
Gallstones









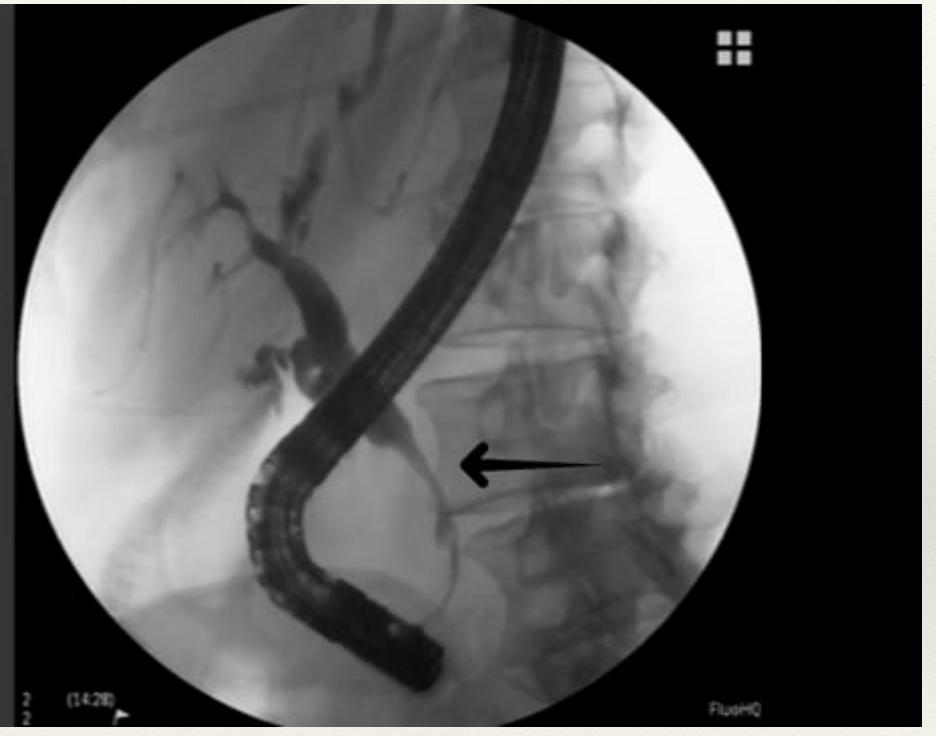




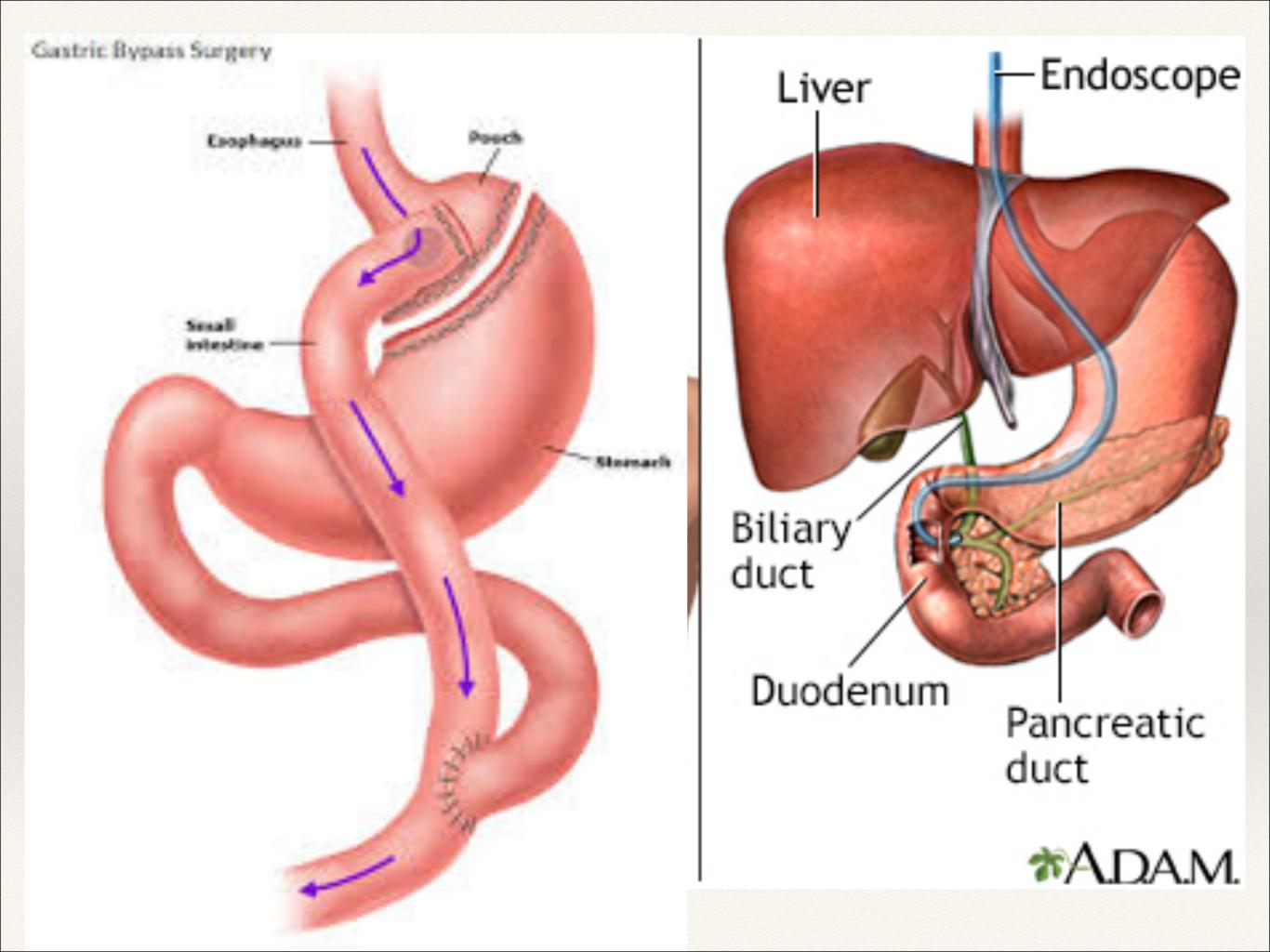
RAYMAN,I ERCP LAP CHOLE 06-21-2018

Cholangiogram revealed a distal bile duct stricture

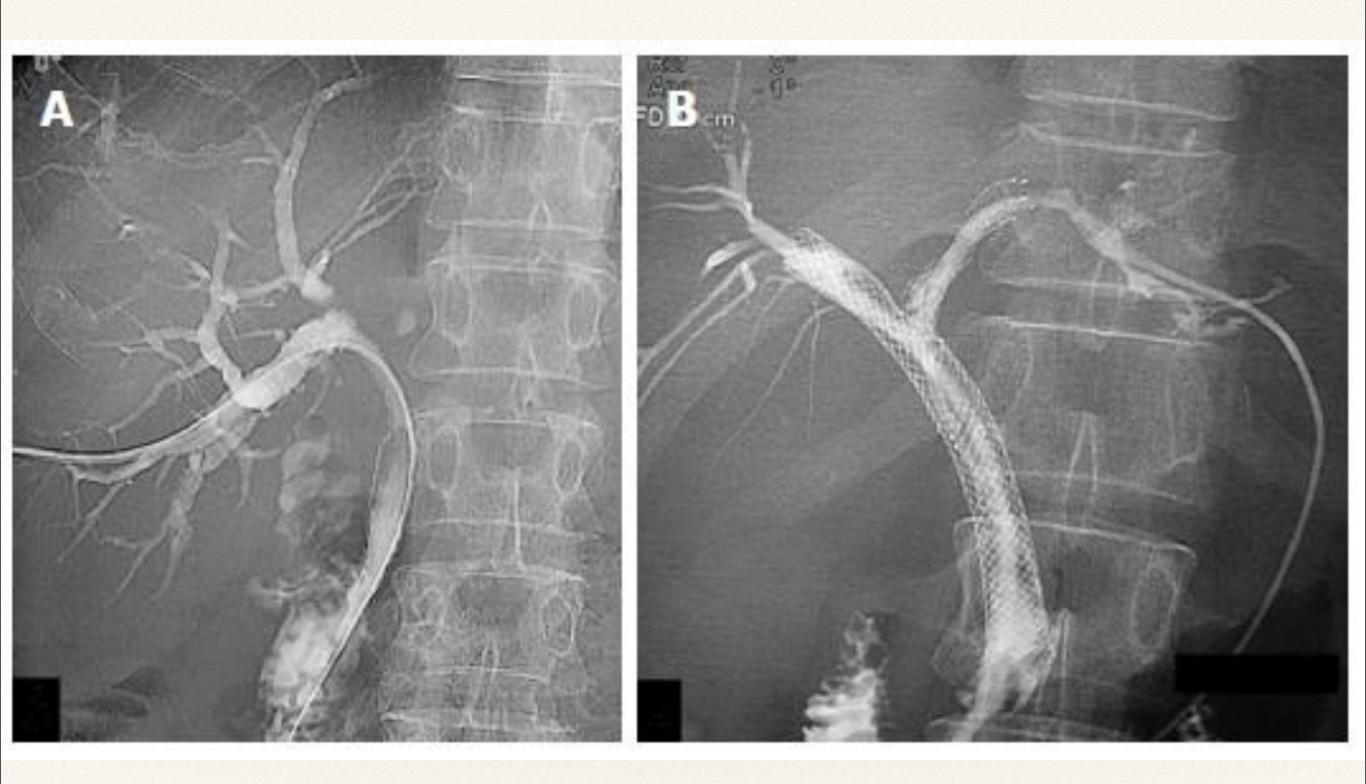
> Examination dose 19.9 mGy

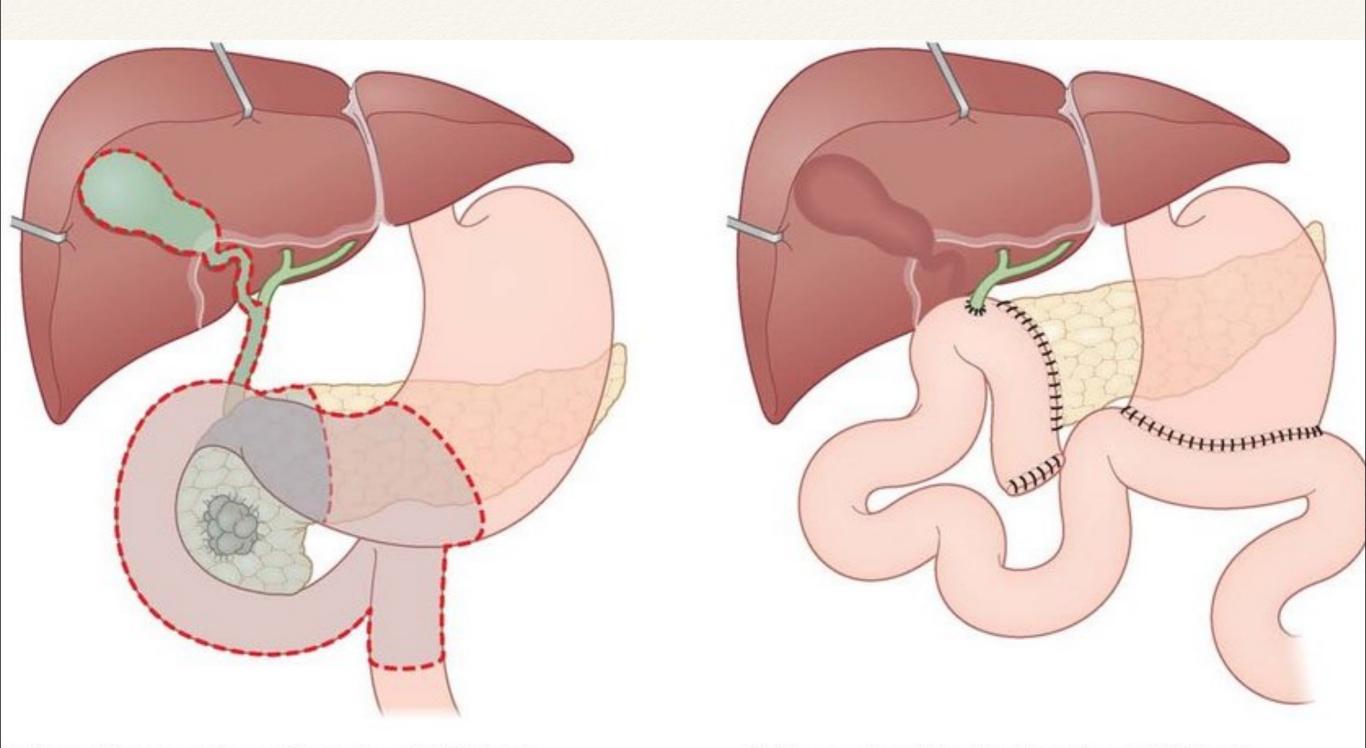












A: Resection specimen for a classic Whipple

B: Reconstruction for the classic Whipple

