

Isolated Rise in Bilirubin in Asymptomatic Adults

Gilbert's syndrome

Gilbert's syndrome is a benign congenital defect of glucuronide conjugation present in up to 5% of the population. It results in an unconjugated hyperbilirubinaemia which is indicated by the presence of a high serum bilirubin in the absence of urinary bilirubin (as only conjugated bilirubin passes into the urine). In Gilbert's syndrome the bilirubin level typically increases after fasting and during intercurrent illness, usually, to a level not exceeding 70 $\mu\text{mol/l}$.

Please note that bilirubin should be $>30\mu\text{mol/L}$ for measurement of conjugated bilirubin to be valid. Therefore please do not request conjugated bilirubin testing in patients whose total bilirubin is below this level.

If diagnostic uncertainty remains then genetic analysis for Gilbert's is available. However it is expensive and usually unnecessary. If it is required, send a single EDTA tube (red/FBC tube) with a haematology/biochemistry form requesting "Gilbert's analysis".

Haemolysis

Haemolysis is conventionally diagnosed by the laboratory appearances on a blood film, combined with reduced haptoglobin, reticulocytosis and raised lactate dehydrogenase. There is no clear evidence as to whether one or all of these tests are required. If evidence of haemolysis is found, further investigation will be determined by the clinical context, usually in conjunction with secondary care advice.