Conjugated Jaundice and Biliary Atresia in infancy

Conjugated Jaundice and Biliary Atresia (or other significant liver disease) in infancy

Children's Hepatologists in the UK along with the Children's Liver disease foundation (CLDF, see link on homepage) have produced National guidelines for the management of infants with jaundice. Each year, the CDLF has a yearly campaign day, suitably known as Big Yellow Friday to publicise the need for vigilance in investigating and excluding early surgical causes of conjugated jaundice, which include biliary atresia and a choledochal cyst.

It is recommended that any child born at term, whether breast fed or not, who is jaundiced at 2 weeks, or if born preterm and is jaundiced at 3 weeks is recommended to have their stools examined for pigmentation (to rule out pale, cholestatic stools) and a total and conjugated bilirubin checked to exclude conjugated (obstructive / cholestatic) jaundice. See link to document below.

This is felt to be a cost effective strategy. It is crucial to rule out conjugated jaundice. Stool appearance can be falsely reassuring and a low threshold to send up for bloods is recommended. We still see late presentation of biliary atresia and babies need to have the relevant surgery before 8 to 10 weeks of age. There is therefore an urgency to make the diagnosis and refer onwards. This would be by liver biopsy and biliary excretion scan through the RHSC GI service and referral to one of the three National centres for Liver Transplantation (Birmingham, King's College London or Leeds).

Babies who present late may still be considered for operation, but may require Liver Transplantation by the age of two. Early recognition, work up and referral for appropriate surgery may well avoid this and the financial, social, psychological and potential medico-legal aspects of a missed case.

Babies who are jaundiced at this age should be referred up straight away within daytime working hours to the relevant local paediatric service for review and investigation, then for ongoing management by the GI team at RHSC as required.

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