Clinico- laboratory assessment of infantile cholestasis in Fayoum University Hospital

Thesis

Submitted for partial fulfillment of Master degree in pediatrics.

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Abstract

Background: Neonatal cholestasis (NC) starts during the first three months of life and comprises BA and non BA groups of diseases, some of which have high mortality rates if not timely identified and treated. Prolonged jaundice and clay-colored or acholic stools in an infant indicate the urgent need to investigate the presence of NC, and identify the etiology of it.

Aim of the study was to recognize the incidence of cholestatic disorders in infancy and to identify the different causes with special emphasis on the clinical presentation, laboratory findings and outcome of these infants.

Patient and methods: this is A retrospective study that was included detailed analysis of all available data of cholestatic infants presenting to the Hepatology clinic in fayoum university hospital during the period from 2016 to June 2023. Structured questionnaires were used to obtain medical required data.

Results: The mean age of onset of jaundice in our patients was (20.2±25.6) days. Out of 100 cholestatic infants, 17% of patients had biliary atresia that considered the most common diagnosis in our cases. The remaining 83% were categorized as non-biliary atresia group (14% of patients were diagnosed as sepsis, TORCH 9%, Alagille syndrome 9%, cholestasis with normal GGT 8% and metabolic causes 14% (tyrosinemia, Niemann pick disease, galactosemia and alpha one antitrypsin deficiency). About 22% of our cases reached complete improvement, while partial improvement was noticed in 25% of cases, 12% progressed to end stage liver disease and mortality was found in 7% of cases.

Conclusion: Jaundice was the most common presenting symptom in our cholestatic infants (95%) with mean age of onset 20.2±25.6 days. BA, sepsis and TORCH are the most common etiology. Fourteen cases did Kasai portoenterostomy operation. Twenty two of our cases improved with treatment, and twenty seven cases were lost to follow up. None of our cases had positive hepatitis B or C viral markers.

Keywords: Biliary atresia, non biliary atresia and neonatal cholestasis