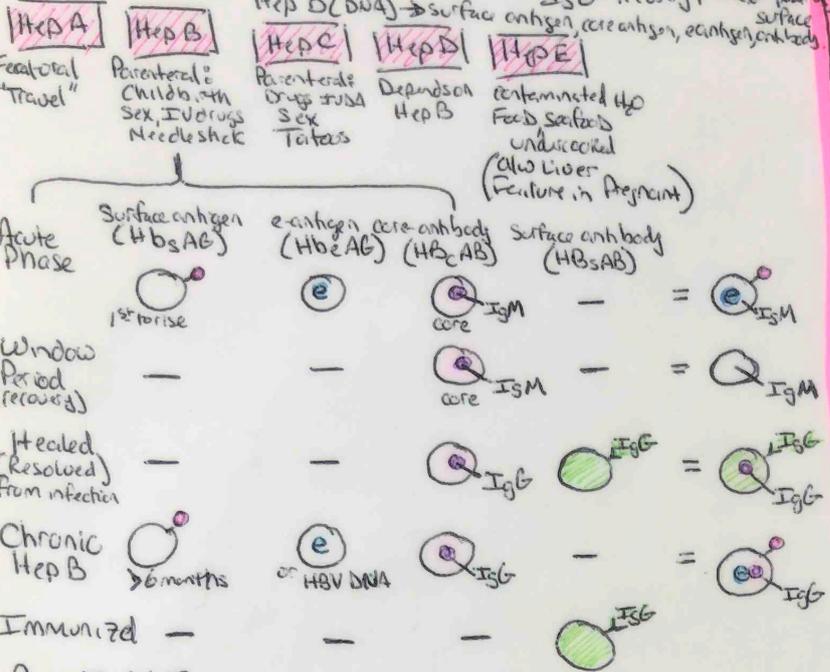


Hepatitis

Acute Hep B: No Tx
 Acute Hep C: Interferon + Ribavirin
 Hep E: severe in Pregnant women

Most Accurate Tests



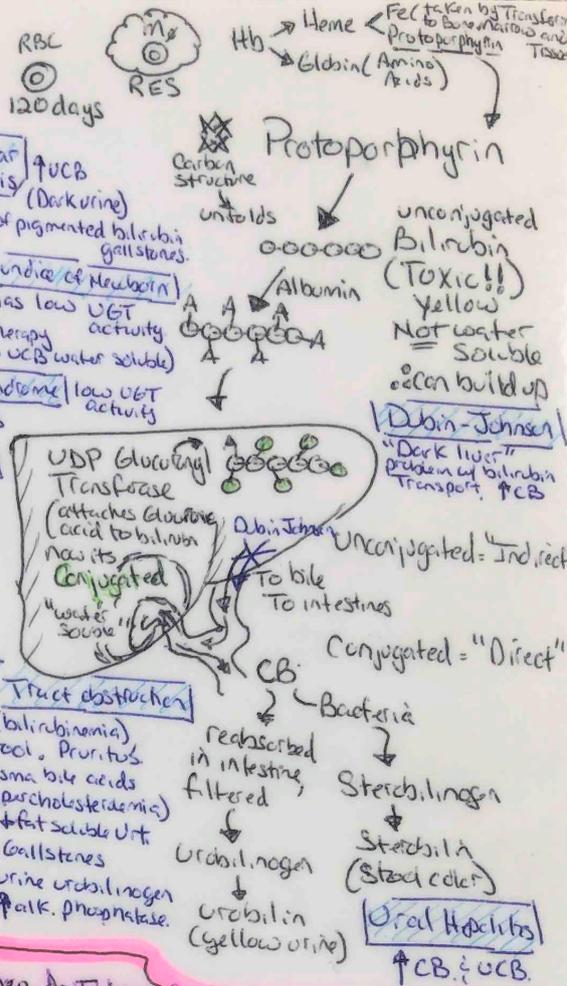
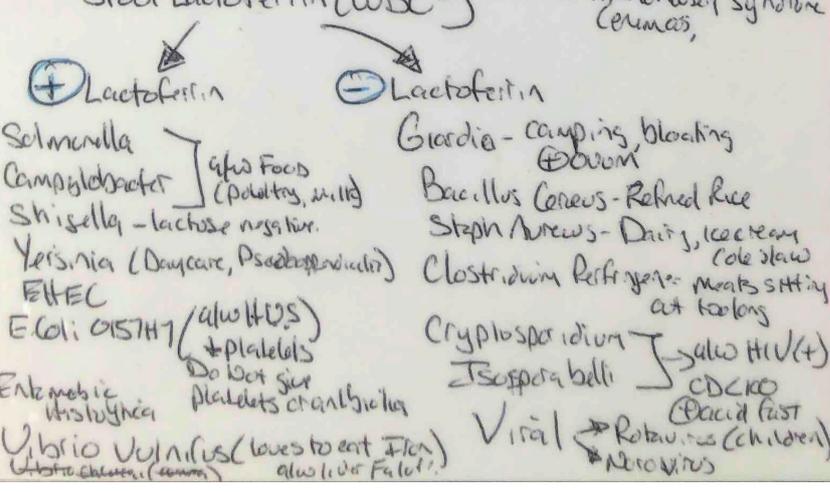
Best Initial Testing:

Hep B: Hep B DNA Polymerase, e-antigen, Hep B PCR DNA (all equal)
Hep C: need liver biopsy to tell amount of liver damage. Best initial: Hep C antibody. Most accurate: Hep C PCR (tells degree of viral replication and response to Tx)

Tx: Hep B

Acute: No Tx
 Chronic: single agent
 Interferon (SE: Flu-like, Arthralgia, Myalgia, Fatigue, Thrombocytopenia)
 Lamivudine, Adefovir, Entecavir, Tenofovir
 This is a natural cytokine produced whenever a viral infection is present. Shortens life span, excreted in kidneys, teratogenic. 55% of people after 6 months.
Scenario: Healthcare worker stuck w/ Hep B needle and they were not prior vaccinated.
Tx: Give Hep B immunoglobulin and Hep B vaccine.
 • If they were already vaccinated: then check levels of antibody.
 • If they have Hep B surface antibody then no further Tx.

Diarrhea



When do I transfuse platelets?
 Hematocrit < 30 in older patient
 Hematocrit < 20-25 in young patient with no liver disease.
 When do I transfuse FFP?
 If elevated PT/INR and vit K is too slow.
 When do I transfuse platelets?
 If pt. is bleeding or to undergo surgery, transfuse platelets when they are < 50,000.

Ascites

Abdominal Pain out of proportion to exam w/ H/o Valvular Heart Disease -> Acute Mesenteric Ischemia. "Sudden onset", look for metabolic acidosis, MA? Angiography. Tx: Surgical resection (Med Emergency).
 If New Ascites, Pain, fever, or tenderness then do Paracentesis (perforation to remove fluid). Check ascitic fluid albumin level. If the serum ascitic level is low, there will be a large difference. This is the serum-to-ascites albumin gradient. If > 1.0 -> Portal HTN from Cirrhosis or CHF. If < 1.0 -> Portal HTN NOT present.
Note: Spontaneous Bacterial Peritonitis (SBP) is Dx if white cell count > 250 Neutrophils.
Tx: Cefotaxime.

Cirrhosis (Scarring)

- Edema: Tx w/ spironolactone + diuretics
 - Gynecomastia
 - Palmar erythema
 - Splenomegaly
 - Thrombocytopenia (caused by splenic sequestration)
 - Encephalopathy (Tx w/ lactulose)
 - Ascites (Tx w/ spironolactone)
 - Esophageal Varices (Tx Propranolol will prevent bleeding Banding if necessary)