

cholangiopathy is a condition that is usually due to infection of the bile duct epithelium with CMV or cryptosporidia and has a cholangiographic appearance similar to that of PSC. The affected patients usually present with greatly elevated serum alkaline phosphatase levels (mean, 800 IU/L), but the bilirubin level is often near normal. These patients do not typically present with jaundice.

■ GLOBAL CONSIDERATIONS

While extrahepatic biliary obstruction and drugs are common causes of new-onset jaundice in developed countries, infections remain the leading cause in developing countries. Liver involvement and jaundice are observed with numerous infections, particularly malaria, babesiosis, severe leptospirosis, infections due to *Mycobacterium tuberculosis* and the *Mycobacterium avium* complex, typhoid fever, infection with hepatitis viruses A–E, EBV, CMV, viral hemorrhagic fevers including Ebola virus, late phases of yellow fever, dengue fever, schistosomiasis, fascioliasis, clonorchiasis, opisthorchiasis, ascariasis, echinococcosis, hepatosplenic candidiasis, disseminated histoplasmosis, cryptococcosis, coccidioimycosis, ehrlichiosis, chronic Q fever, yersiniosis, brucellosis, syphilis, and leprosy. Bacterial infections that do not necessarily involve the liver and bile ducts may also lead to jaundice, as in cholestasis of sepsis. The presence of fever or abdominal pain suggests concurrent infection, sepsis, or complications from gallstones. The development of encephalopathy and coagulopathy in a jaundiced patient with no preexisting liver disease signifies acute liver failure, which warrants urgent liver transplant evaluation.

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■ FURTHER READING

ERLINGER S et al: Inherited disorders of bilirubin transport and conjugation: New insights into molecular mechanisms and