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Cholestasis

Cholestasis is any condition in which the flow of bile from the liver is slowed or blocked.

Causes

There are many causes of cholestasis.

Extrahepatic cholestasis occurs outside the liver. It can be caused by:

- Bile duct tumors
- Cysts affecting the bile duct
- Narrowing of the bile duct (strictures)
- Stones in the common bile duct
- Pancreatitis
- Pancreatic tumor or pseudocyst
- Pressure on the bile ducts due to a nearby mass or tumor
- Primary sclerosing cholangitis

Intrahepatic cholestasis occurs inside the liver. It can be caused by:

- Alcoholic liver disease
- Amyloidosis
- Bacterial abscess in the liver
- Being fed exclusively through a vein (IV)
- Lymphoma
- Pregnancy
- Primary biliary cholangitis (previously called primary biliary cirrhosis)
- Primary or metastatic liver cancer
- Primary sclerosing cholangitis
- Sarcoidosis
- Serious infections that have spread through the bloodstream (sepsis)

- Tuberculosis
- Viral hepatitis

Certain medicines can also cause cholestasis, including:

- Antibiotics, such as ampicillin and other penicillin
- Anabolic steroids
- Birth control pills
- Chlorpromazine
- Cimetidine
- Estradiol
- Imipramine
- Prochlorperazine
- Terbinafine
- Tolbutamide
- Tamoxifen
- Steroids
- Some chemotherapy agents

Symptoms

Symptoms may include:

- Clay-colored or pale stools
- Dark urine
- Inability to digest certain foods
- Itching
- Nausea or vomiting
- Pain in the right upper part of the abdomen
- Yellow skin or eyes

Exams and Tests

Blood tests may show that you have elevated bilirubin and alkaline phosphatase. They are also used to check for other liver conditions and assess how diseased your liver is.

You may need a liver biopsy.

Imaging tests are used to diagnose this condition. Tests include:

- CT scan of the abdomen
- MRI of the abdomen

- Magnetic resonance cholangiopancreatography (MRCP)
- Endoscopic retrograde cholangiopancreatography (ERCP), can also determine cause
- Ultrasound of the abdomen
- DEXA scan of your bones in certain types of cholestasis

Treatment

The underlying cause of cholestasis must be treated. There are medicines to help the itching and other side effects of cholestasis.

Outlook (Prognosis)

How well a person does depends on the disease causing the condition. Stones in the common bile duct can often be removed. This can cure the cholestasis.

Stents can be placed to open areas of the common bile duct that are narrowed or blocked by cancers.

If the condition is caused by the use of a certain medicine, it will often go away when you stop taking that medicine.

Occasionally a liver transplant is needed in severe cases.

Possible Complications

Complications may include:

- Diarrhea
- Organ failure can occur if sepsis develops
- Poor absorption of fat and fat-soluble vitamins
- Severe itching
- Weak bones (osteomalacia) due to having cholestasis for a very long time

When to Contact a Medical Professional

Contact your health care provider if you have:

- Itching that does not go away
- Yellow skin or eyes
- Other symptoms of cholestasis

Prevention

Get vaccinated for hepatitis A and B if you are at risk. Do not use intravenous drugs and share needles.

Alternative Names

Intrahepatic cholestasis; Extrahepatic cholestasis

References

Eaton JE, Lindor KD. Primary biliary cholangitis. In: Feldman M, Friedman LS, Brandt LJ, eds. *Sleisenger and Fordtran's Gastrointestinal and Liver Disease*. 11th ed. Philadelphia, PA: Elsevier; 2021:chap 91.

Fogel EL, Sherman S. Diseases of the gallbladder and bile ducts. In: Goldman L, Cooney KA, eds. *Goldman-Cecil Medicine*. 27th ed. Philadelphia, PA: Elsevier; 2024:chap 141.

Lidofsky SD. Jaundice. In: Feldman M, Friedman LS, Brandt LJ, eds. *Sleisenger and Fordtran's Gastrointestinal and Liver Disease*. 11th ed. Philadelphia, PA: Elsevier; 2021:chap 21.

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