

Unconjugated (= indirect) hyperbilirubinaemias

1. Bilirubin overproduction

- Haemolysis
- Dyserythropoiesis
- Jaundice from pulmonary infarction, from large haematoma, from repeated blood transfusions, occasionally in postoperative icterus
- Repression of bilirubin from its albumin binding by endogenous or exogenous substances

2. Diminished bilirubin uptake

- Long periods of fasting
- Flavaspidic acid, rifampicin, *etc.*
- Sepsis
- Right heart failure
- Portacaval shunt
- Gilbert-Meulengracht syndrome (on occasions)

3. Diminished bilirubin storage

4. Dysfunction of bilirubin conjugation

- Congenital disorders
 - Crigler-Najjar syndrome
 - Gilbert-Meulengracht syndrome
- Severe neonatal icterus
- Acquired disorders
 - medication-induced toxicity (e.g. ethinyloestradiol, gentamycin)
 - hyperthyroidism
 - hepatocellular diseases

Mainly conjugated (= direct), on occasions also combined, hyperbilirubinaemias

1. Diminished bilirubin excretion

- Congenital dysfunctions
 - Dubin-Johnson syndrome
 - Rotor syndrome

2. Dysfunctions of the hepatocytes

- Acquired dysfunctions
 - acute viral hepatitis
 - acute liver failure
 - liver cell necrosis in severe shock
 - chronic aggressive hepatitis
 - liver damage due to alcohol toxicity
 - pronounced storage diseases
 - severe fatty liver
 - liver cirrhosis
 - congestive liver
 - toxic liver damage

3. Biliary obstruction

- Extrahepatic obstruction
- Intrahepatic obstruction
 - mechanical
 - toxic

4. Special forms

- Recurrent intrahepatic cholestasis
- Recurrent cholestasis in pregnancy
- Postoperative jaundice (on occasions)