

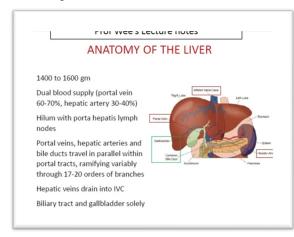
Hepatobiliary system

Main structural components: Gross:

- Liver, intra and extrahepatic bile ducts, common bile duct, gallbladder
- Portal and systemic vessels

Microscopic:

- Hepatocytes, bile duct cells (biliary tract epithelium), sinusoids
- Organisation : Lobules vs Acini



Important pointers:

- Knowing the 2 main parenchymal cellular components helps make sense of the primary tumours that arise in the liver – hepatocellular or biliary epithelial (glandular) in origin.
- The liver is special because of dual blood supply:
 - Portal vein (revise where it drains from!): main blood supply to liver
 - Hepatic artery: supplies biliary tract; provides minor proportion of blood supply to liver

Main functions of the liver

- Metabolism
 - Endogenous substances (lipids, carbohydrates, protein breakdown products)

Exogenous substances (alcohol, drugs, toxins)

Synthesis of proteins

 Albumin, clotting factors. Note: think about how liver failure may present clinically if these synthetic functions are lost

Bile production

 Functions of bile – fat emulsification and hence absorption in gut; elimination of bilirubin and other waste products

Note: The biliary tract does NOT produce bile. Hepatocytes do. Biliary tract drains bile into the gut.

Clinicopathologic correlates

- 1. Hepatic disease can have many clinical presentations:
 - Systemic signs and symptoms fever, jaundice, malnutrition with loss of weight, bleeding tendency, generalised oedema, malaise
 - Localised signs and symptoms pain, hepatomegaly
- 2. 4 main clinical manifestations that are common symptom/signs complexes in liver disease. They have many causes, and can occur simultaneously.
 - 1. Hepatitis
 - 2. Liver failure
 - Cirrhosis
 - 4. Jaundice

Video mindmap further explaining the 4 symptom complexes in relation to main liver functions:

https://medicine.nus.edu.sg/pathweb/pathology-demystified/hepatobiliary-system/hepato-ii-clinicopathologic-correlates/

3. **Blood investigations:** These include **liver function tests** and other tests for hepatic dysfunction.

Prof Wee's Lecture notes LABORATORY EVALUATION OF LIVER DISEASE Hepatocyte Cytosolic hepatocellular Serum aspartate aminotransferase (AST) integrity enzymes^ Serum alanine aminotransferase (ALT) Serum lactate dehydrogenase (LDH) Biliary Serum bilirubin - Total, unconjugated (indirect) Substances normally secreted in bile and conjugated (direct) excretory function Urine bilirubin Serum bile acid: Plasma membrane enzyme Serum alkaline phosphatase (ALP) Serum y-glutamyl transpeptidase (GGT) (from damage to bile canaliculus) Serum albumin* Hepatocyte Proteins secreted into the ynthetic Coagulation factors: prothrombin (PT) and partia function thromboplastin (PTT) times (fibrinogen, prothrombin, factors V. VII, IX, X) Hepatocyte Serum ammonia Aminopyrine breath test (hepatic demethylation metabolism ^ increased in liver disease * Decreased in liver disease

Approach to main liver diseases

- Aetiologic category
 - Helps you to remember cause and pathogenesis (eg. Vascular; Infectious, Neoplastic etc)
- Cellular/subcellular and hence functional components affected (eg. hepatocytes; bile canaliculi; bile duct epithelium; central veins/sinusoids)
 - Helps to work out morphology (gross and micro)
 - Helps you work out clinical manifestations.
 - Eg. Alcoholic liver disease -> abnormal lipid metabolism, free radicals, cytokines
 - -> steatosis, steatohepatitis -> necrosis of hepatocytes -> nodular regeneration of hepatocytes with fibrosis (Cirrhosis) -> portal hypertension, eventual Liver failure

Video mindmap of liver diseases according to aetiology:

https://medicine.nus.edu.sg/pathweb/pathologydemystified/hepatobiliary-system/iii-main-diseases-approach/

Talking POTS

https://medicine.nus.edu.sg/pathweb/pathology-demystified/hepatobiliary-system/iv-liver-pots-approach/

Hepatobiliary system quiz

https://medicine.nus.edu.sg/pathweb/pathologydemystified/hepatobiliary-system/hepatobiliary-system-quiz/