

Fact Sheet

News from the IBD Help Center

LIVER COMPLICATIONS

One of the jobs of the liver is to act as a “processing plant,” taking in what we ingest and helping to break it down into waste as well as useable materials. The liver also produces cholesterol, acids, and bile salts that get stored in the gallbladder until required to help break down ingested fats. In some people with inflammatory bowel disease (IBD), the liver can become inflamed or damaged. Most liver damage is reversible, but serious liver disease can affect about 5% of people with IBD.

Symptoms

Common symptoms of liver inflammation include low energy or fatigue. Many times, patients are asymptomatic. More advanced liver damage leads to a feeling of fullness or pain in the upper right abdomen, itching, jaundice (yellowing of the skin and whites of the eyes), easy bruising, fatigue, and fluid retention.

Diagnosis

Blood tests can usually confirm the presence of liver disease, although ultrasound, CT scan and MRI scan, as well as other tests, including endoscopic examination of the bile ducts (ERCP) or liver biopsy, may be necessary to confirm the diagnosis.

Complications

- **Fatty Liver Disease (Hepatic Steatosis)** is the most common liver complication of IBD and is often reversible, affecting people with ulcerative colitis and Crohn's disease equally. This is a condition whereby extra fat gets deposited in the liver, squeezing out normal liver cells. This can happen in other conditions as well, like diabetes, pregnancy, and obesity. It can be due to steroid use as well. No specific treatment is necessary as it does not cause any symptoms, but weight loss along with control of blood cholesterol levels will usually rid the liver of the extra fat and should be encouraged in any patient that has fat deposits.
- **Hepatitis** is a generic term for inflammation of the liver. It can be caused by medications like methotrexate, azathioprine, 6-mercaptopurine (6MP) or rarely anti-TNF agents. Your doctor will do periodic blood tests to monitor for this condition. Hepatitis can also be caused from inflammation of the liver itself related to a person's IBD, called autoimmune hepatitis. It is treated with the same kinds of medicine that ulcerative colitis and Crohn's disease are treated with, to decrease the inflammation. Autoimmune hepatitis can lead to liver scarring (cirrhosis) and permanent liver damage if not treated. Hepatitis can also be from viruses like Hepatitis A, B, or C and should be treated the same as in patients without IBD.
- **Gallstones** are very common, and are more common in patients with Crohn's disease because of the way that the body deals with bile in Crohn's disease. The gallbladder normally holds liquid bile until it is needed for digestion. However, bile can harden to form stones within the gallbladder. If gallstones try to leave the gallbladder and block the ducts, pain, nausea, and vomiting occurs. Gallbladder removal eliminates this problem.

- **Primary Sclerosing Cholangitis (PSC)** is a form of inflammation specific to the bile duct system of the liver. Bile ducts transport bile from the liver to the upper small intestine. PSC is seen in about 3% of patients with ulcerative colitis, and less in Crohn's disease. Some patients with PSC do not have IBD. Scarring of the bile ducts and eventually the liver is caused by the inflammation. When this occurs, the bile cannot flow normally. Bile buildup leads to itching and jaundice, and if there is enough damage, fatigue can occur. Unfortunately there is no treatment for this condition. To control the bile build-up, stents are usually placed within the bile ducts to keep the bile flowing. Complications of PSC include infection of the bile (cholangitis) and cancer of the bile duct system (cholangiocarcinoma). If the liver is damaged too much, cirrhosis can occur and liver transplantation can be considered. Another complication in patients with PSC is an increased risk for colon cancer. Therefore, it is important for patients with PSC to speak to their doctor about undergoing annual surveillance colonoscopies.

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