

Professor Gideon Hirschfied and Dr. Palak Trivedi's involvement in performance and consistency comparison between PSC and PBC.

A simplified version of <http://pscpartners.org/wp-content/uploads/PSCPBC-Infographic-v8.pdf>

FEATURE	Primary Sclerosing Cholangitis (PSC)	Primary Biliary Cholangitis (PBC)
Site of disease involvement	Bile ducts inside and outside the liver; however in small duct PSC (10-15% of patients) only the small ducts inside the liver are affected	Small bile ducts inside the liver only
Mode of diagnosis	Usually by MRI of bile ducts. Occasionally liver biopsy or ERCP is needed	Two of the following: Raised ALP, positive disease specific antibodies(AMA), diagnostic liver biopsy
Associated with increased risk of bile duct cancer and colon cancer	Yes	No
Response to ursodeoxycholic acid (UDCA)	Improves liver blood tests in some patients; not conclusively proven to slow disease progression	Associated with improved prognosis in those individuals who respond well to UDCA
Co-existing inflammatory bowel disease (IBD)	Around 80% of patients have IBD – mostly colitis	Very rare and not characteristic; around 1%
Common symptoms in early disease	Itching, fatigue, abdominal pain, cholangitis flares	Itching, fatigue, dry eyes and mouth, abdominal pain
Gender predominance	60% men, 40% women	90% women, 10% men
Average age at diagnosis	Any age; mostly around 40 years	75% are affected in middle age (>45 years old)
Associated with excess alcohol consumption	No	No
Associated with smoking history	Most often non-smokers	Associated with a history of smoking