

**Wilson disease registration form**

Name..... Gender: M  F

Patient Num.....

Phone.....

Physician Name.....

**1. Demographic data**

Age	Age at diagnosis	Consanguinity
BW	W	Fx Wilson disease
H		Wilson Score
W/H or BMI		

**2. Clinical manifestations**

<b>Hepatic presentation</b>	<b>Neurologic presentation</b>	<b>Psychiatric presentation</b>
Acute hepatitis	Tremor	Dementia
Acute liver failure	Drooling/dysarthria	Schizophrenia
Chronic hepatitis	Clumsiness	Bipolar
Steatohepatitis	Dystonai	Antisocial
Asymptomatic elevation serum transaminase	Chorea Writing difficulty	Anxiety Depression
Gall stone	Ataxic gait	OCD
Portal HTN	Headache	
Cirrhosis	Fixed grin/Seizure	

Malaise
Jaundice
Hepatomegaly
Splenomegaly
Anorexia
Fatigue
Abdominal pain
Nausea
Amenorrhea
Delayed puberty
Edema
Clubbing
Spider angioma
Gynecomastia
Ascites
KF ring

### 3. Lab data

<b>Blood</b>	DX								
Ceruloplasmin									
Total serum copper									
AST									
ALT									
ALK									
GGT									
ALB									
TP									
HB									
MCV									
WBC									
PLT									
Retic									
Coombs									
LDH									
Ca									
Ph									
25-OH Vit D									
BUN									
Cr									

<b>Urine</b>			
Proteinuria			
Glycosuria			
Phosphaturia			
Uricosuria			
Microscopic hematuria			
Generalized aminoaciduria			
Copper 24hrs			

### 4. Ultrasonography

Liver
Spleen
Ascites
Renal/Bladder

## **5. Liver Biopsy**

Copper level
Microvesicular Steatosis
Macrovesicular Steatosis
Mallory body
Portal fibrosis
Inter portal fibrosis
Cirrhosis

## **6. Others**

ECG
Echocardiography
Extremity Radiography
Brain MRI

## **7. Genetic Study**

Common mutation
WES/WGS

## **8. Treatment**

D-Penicillamin
Trientine
Zinc

## **9. Sibling Screening**

History/Physical exam
LFT
Ceruloplasmin
Genetic study
Abdominal Sonography

