Caveat tester

The increased use of rapid, automated laboratory testing has been a boon to physicians and patients. Physicians can order a wide variety of tests, some extremely esoteric, and receive the results easily and quickly. And the costs are relatively inexpensive.

Still, this ease of testing has unintended consequences, providing physicians with unexpected results that are often difficult to interpret. In this issue, William Carey, MD, head of hepatology at the Cleveland Clinic, discusses in a "1-Minute Consult" (page 315) how inappropriate use of the GGT (gamma glutamyl transpeptidase) test can send a patient on a needless and expensive merry-go-round of testing.

As Dr. Carey notes, many institutions still include the GGT measurement as part of a bundled group of tests in their "liver panel." The problem is, the GGT lacks specificity. Thus, patients with an isolated GGT elevation are often subjected to needless tests.

Many institutions, including the Cleveland Clinic, have removed GGT from their standard liver panel, for just such a reason, but many laboratories continue to use it. In his article, Dr. Carey explains how physicians confronted with an isolated GGT elevation should respond.

Dr. Carey's article answers a question from a reader, as do many of our "1-Minute Consult" articles. It is just this type of thorny clinical question that we hope to deal with in each issue of the *Cleveland Clinic Journal of Medicine*. We hope you find it helpful and informative.

JOHN D. CLOUGH, MD
Editor-in-Chief
ccjm@ccf.org