Hereditary hyperbilirubinemias	All autosomal recessive.	
❶ **Gilbert syndrome**	Mildly ↓ UDP-glucuronosyltransferase conjugation and impaired bilirubin uptake. Asymptomatic or mild jaundice usually with stress, illness, or fasting. ↑ unconjugated bilirubin without overt hemolysis.	Relatively common, benign condition.
❷ **Crigler-Najjar syndrome, type I**	Absent UDP-glucuronosyltransferase. Presents early in life, but some patients may not have neurologic signs until later in life. Findings: jaundice, kernicterus (bilirubin deposition in brain), ↑ unconjugated bilirubin. Treatment: plasmapheresis and phototherapy (does not conjugate UCB; but does ↑ polarity and ↑ water solubility to allow excretion). Liver transplant is curative.	Type II is less severe and responds to phenobarbital, which ↑ liver enzyme synthesis.
❸ **Dubin-Johnson syndrome**	Conjugated hyperbilirubinemia due to defective liver excretion. Grossly black (Dark) liver. Benign.	❹ **Rotor syndrome** is similar, but milder in presentation without black (Regular) liver. Due to impaired hepatic uptake and excretion.