



<p>CC: Pruritus HPI: 61 yo M w 1 month history of pruritus. Initially was limited to upper body and upper extremities. Now has travelled to his face and. No relief with topical diphenhydramine. Noticed to have scattered excoriations w/o other findings. Started prednisone for a possible allergic reaction. Initial improvement but re exacerbation w/o trigger. PCP trialed him on cyproheptadine, hydroxyzine, and famotidine. Symptoms did not improve and he presented to the ED. ROS: Intermittent constipation, light colored stools, dark urine and yellow skin.</p>	<p>Vitals: T:97.1 F HR:59 BP:130/73 RR: 18 SpO₂: 96 bmi 38.8 Exam: HEENT: Conjunctival icterus present. Abd: Soft and tender to palpation in right upper quadrant. No mass, hepatosplenomegaly or distension. Neg Murphy sign. Neuro: Extremities/Skin: Jaundice. Multiple excoriations in chest, upper and lower extremities.</p>	<p>Problem Representation: ENG: 61M p/w 1 month steroid refractory generalized pruritus, light colored stools, dark urine, jaundice and RUQ tenderness. ESP: Hombre de 61 años presenta historia de 1 mes de evolución de pruritus que no responde a esteroides, acolia, coluria, ictericia y dolor a la palpación en cuadrante superior derecho. PQR: Homem de 61 anos apresenta historia de prurido de 1 mês da evolução que não responde a esteroides, acolia, colúria, icterícia e dor à palpação no quadrante superior direito.</p>
<p>Past Medical History: HTN, Obstructive sleep apnea, hyperlipidemia, pre DM, BPH. Meds: Lisinopril, tamsulosin.</p>	<p>Notable Labs & Imaging: Hematology: WBC: 6.2 Hgb: 16.2 Plt: 290 Chemistry: Na: 135 K: 4.7 Cl: 99 CO2: 18 BUN: 18 Cr: 1.3 glucose: 110 AST: 53 ALT: 51 Alk-P:329 T. Bili: 6 DB 3.8 UA: RBC negative. Urobilinogen elevated. Leukoesterase and nitrate negative. No casts. TSH 2.72 HIV neg. Acute hepatitis panel neg. Lipase, IgG4, CEA levels were normal. CA-19-9 was elevated. Imaging: Upper quadrant Ultrasound: intra and extrahepatic dilatation, fatty infiltration of the liver. CT Abdomen/Pelvis: Biliary dilation intra and extrahepatic. No pancreatic head mass. Indeterminate 2.5cm x 1.8cm lesion in the right lobe of the liver. Biopsy: Compatible with cholangiocarcinoma. Final Dx: cholangiocarcinoma of the biliary tract</p>	<p>Teaching Points (Gabriel):</p> <ul style="list-style-type: none"> ● Pruritus: <ul style="list-style-type: none"> ○ Primary skin disorder: <ul style="list-style-type: none"> ■ External source: contact dermatitis, photodermatitis, scabies. ■ Endogen source: seborrheic dermatitis, atopic dermatitis, nummular dermatitis, dysidrotic dermatitis, urticaria ○ Systemic diseases: hypersensitivity reaction, malignancy, endocrine, GI cholestatic issue, paraneoplastic. ● Hyperbilirubinemia + cholestatic pattern: <ul style="list-style-type: none"> ● + AMA positive → PBC ● + MRI/MRCP, ERCP showing beading pattern → PSC ● Screen for viral hepatitis ● + History of med causing cholestasis → consider DILI ● + IgG4 elevated → autoimmune cholangitis ● Imaging for pancreas, duodenal, bile ducts malignancy or cysts. ● <u>In terms of sensibility: US < CT < MRI < ERCP.</u> ● Primary sclerosing cholangitis: periductal fibrosis of the bile ducts. Associated w/ IBD, HCC, hypothyroidism, autoimmune hepatitis, autoimmune hemolytic anemia, T1DM, membranoproliferative glomerulonephritis.