



01/07/22 Morning Report with @CPSolvers



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CC: 61yo M with pruritus

HPI: **1 month** ago: **pruritus** after mowing the lawn (frequent activity, never happened before), started with upper body and extremities, progressed to scalp and face. No response to antihistamine. Went to PCP: scattered excoriations, started on prednisone; initial improvement. Symptoms of gastric reflux, started cyproheptadine, hydroxyzine and famotidine; no improvement -> ED
ROS: 1 week intermittent constipation, **dark urine and light colored floating stools, yellow skin**

PMH:
HTN
OSA
Hyperlipidemia
Prediabetes
BPH

Meds:
Lisinopril
Tansulosin

Fam Hx: Mother: MALT lymphoma

Soc Hx: -

Health-Related Behaviors:
Former smoker 10py, 1 beer/week, no drugs

Allergies: -

Vitals: T: 97°F HR: 59 BP: 157/73 RR: SpO₂: 96% on room air BMI 38

Exam:
HEENT: **conjunctival icterus**
Abd: soft, tender to palpation, no distension, no masses or hepatomegaly, neg murphy sign, normal bowel sounds
Neuro: normal
Extremities/Skin: **jaundice**, multiple excoriations

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: 54 ALT: 51 Alk-P: **329** T. Bili: **6**, D.Bili **3.8**.
UA: elevated urobilinogen. Normal TSH, HIV negative. CA 19.9 **125**
lgG4 normal, acute hepatitis panel negative, CEA normal

Imaging:
RUQ US: **intra and extrahepatic biliary dilation**, questionable stone in distal CBD 18mm, fatty infiltration of liver, dilated gallbladder with sludge
CT AP: biliary dilation (intra and extrahepatic) **tapering at level of pancreatic head**, non radiopaque stone not excluded, no pancreatic mass, indeterminate **2.5x1.8 cm lesion in right lobe of liver**
ERCP: **malignant mid-CBD stricture with proximal dilation**; stent placed + biopsy.

Final diagnosis: **Cholangiocarcinoma of biliary tract**

Problem Representation: 61yo Male presented with jaundice and pruritus was found to have cholangiocarcinoma of biliary tract.

Teaching Points (Laura ❤️):

- **Approaching Pruritus:** acute or **chronic**?
- Skin or internal problem? -> Pay attention to the words: "itch" or "rash"? "*Itch that rashes or rash that itches*"
- **Most common causes of itching:** dried skin, meds, neuro, psychiatric
 - Possible **organs** involved: Liver (alk phos), kidney (BUN), thyroid (TSH)
 - **Fancy** causes: HIV & liquid malignancies
- **Jaundice + pruritus:** primary biliary cholangitis
Direct bilirubin = dark urine; acholic stools
Evaluate liver enzymes:
Higher AST ALT = dz in the LIVER
Dilation of biliary tree + low AST ALT = posthepatic dz
Jaundice **Thought Train** [schema](#)
- **Exclude emergencies:** acute liver failure, massive hemolysis and cholangitis
- **Stone x Mass:**
Stone doesn't usually causes super high Bili; pain involved; usually complicated by cholangitis.
- Cholangiocarcinomas usually arise from common hepatic duct