

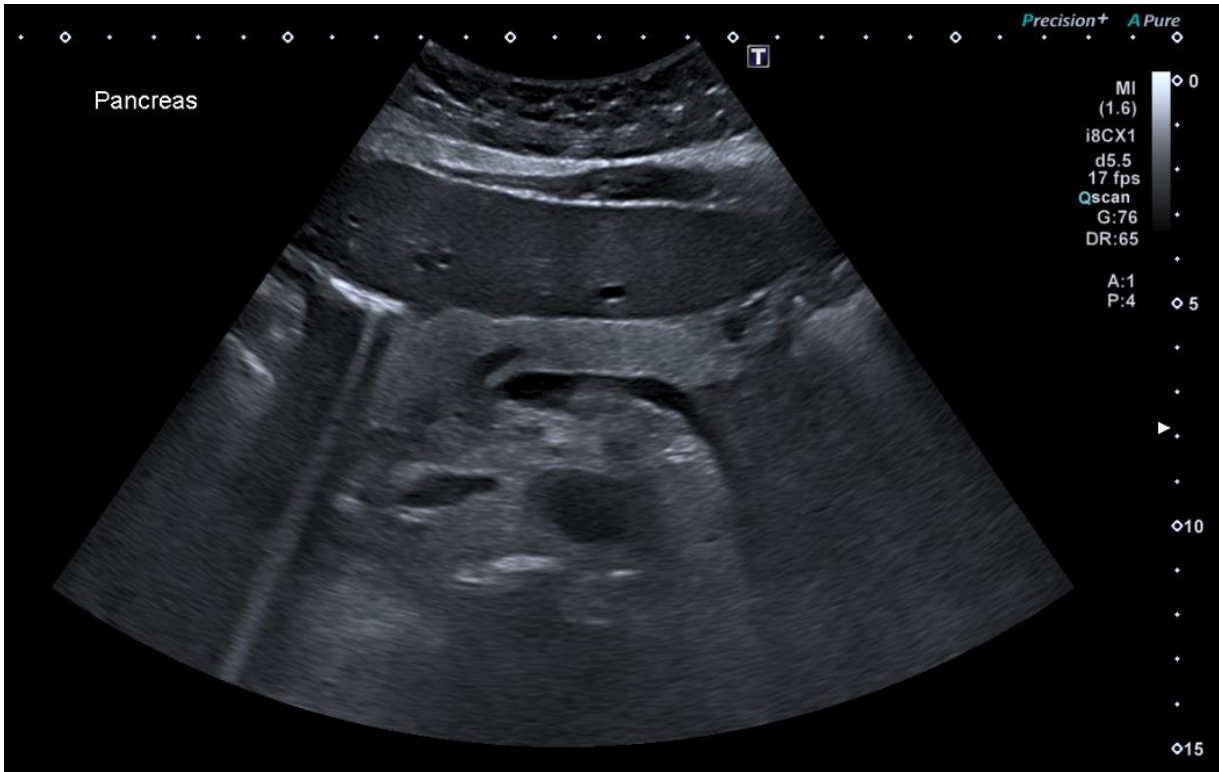
General Medical Case 4

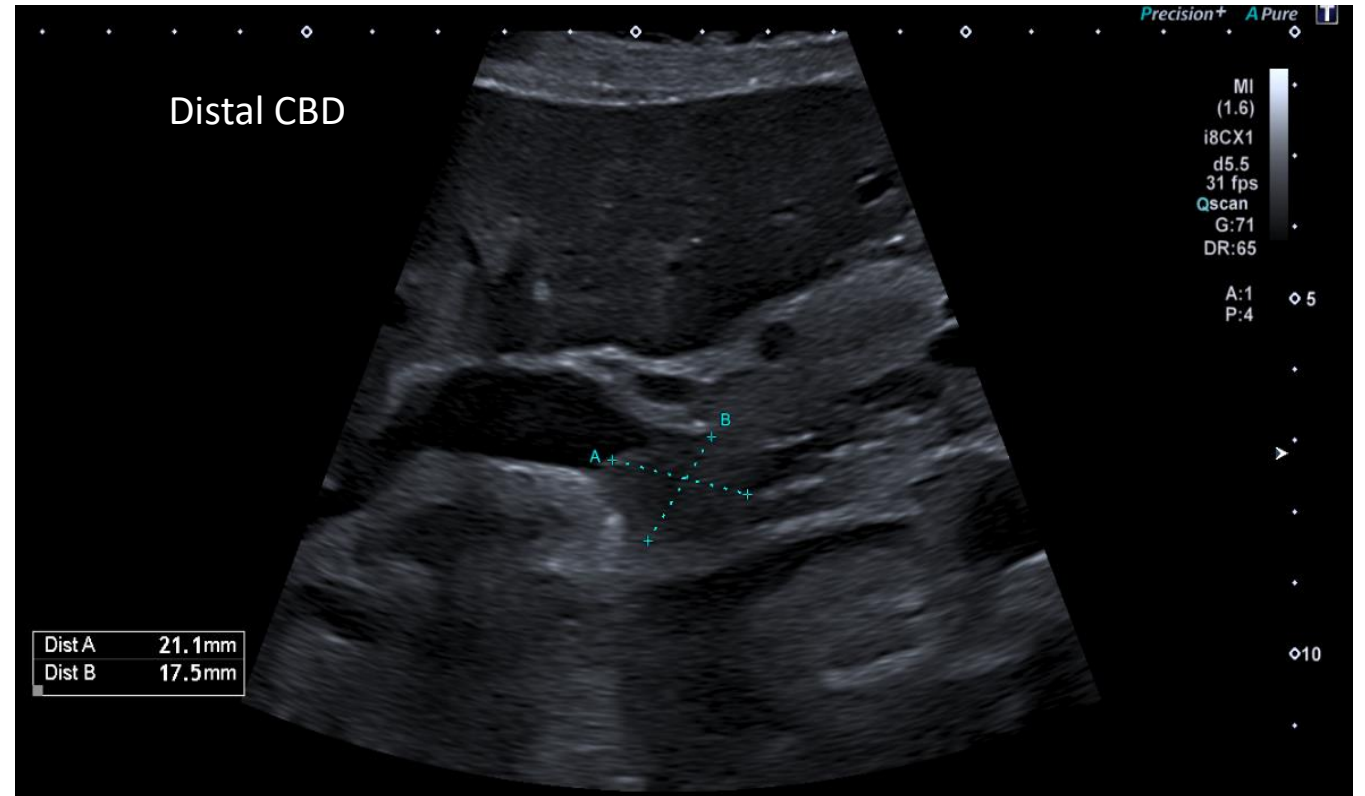
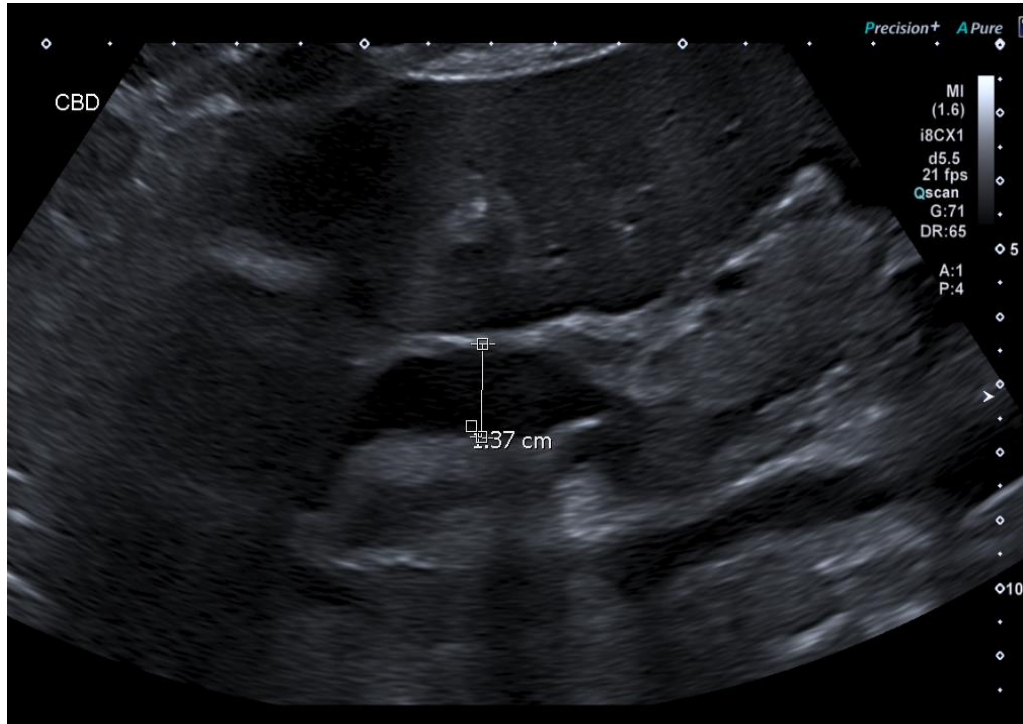
April 2022

Clinical details:

67 year old male complaining of feeling generally unwell for 3 weeks.
RUQ pain associated with fever, altered LFTs, jaundice.

? cholecystitis/obstruction





Do not progress to next slide until you have attempted to write your own report

US Report:

There is gross intrahepatic duct dilatation throughout the liver. The common bile duct is dilated at 14mm and comes to an abrupt tapering at the head of pancreas. There is the impression of a soft tissue lesion within the distal bile duct.

No focal lesions seen within the liver. The pancreas shows normal appearances on ultrasound.

Conclusion

Gross intra- and extrahepatic duct dilatation. Suspected soft tissue lesion in the distal bile duct. ? cholangiocarcinoma

I have informed patient that there is a biliary obstruction present, however not of the potential underlying cause.

Cholangiocarcinoma Fact File

Epidemiology/Incidence:

Extremely rare – 1 in 100,000. Incidence increases over the age of 65.

Risk factors:

Conditions that cause inflammation of the bile ducts (stones, PSC, choledochal cysts, parasitic infections), diabetes, smoking, obesity and alcohol.

Symptoms:

Fatigue, weight loss, night sweats, painless jaundice, altered LFTs (particularly bilirubin)