

A case of painless jaundice

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Aims

A 68-year-old lady with known endometrial cancer was referred from oncology with jaundice. She had been feeling unwell for a few days and had dark discoloration of her urine. This patient had endometrial cancer, which was treated with total abdominal hysterectomy and bilateral salpingo-oophorectomy a few months prior. On examination, she was jaundiced but there were no other signs of chronic liver disease. Her abdomen was soft with mild tenderness in the right upper quadrant area. No organomegaly was present. Blood tests showed a white cell count of $14.8 \times 10^9/L$, haemoglobin 132 g/L, platelet count of $312 \times 10^9/L$, bilirubin 137 $\mu\text{mol/L}$, alanine aminotransferase (ALT) 364 U/L, alkaline phosphatase 429 U/L, albumin 38 g/L and C-reactive protein (CRP) 242 mg/L. She was treated for biliary sepsis with antibiotics. Ultrasound scan of her abdomen showed a mass, which could be a lymph node or metastases causing dilatation of the biliary tree. A computed tomography (CT) of her abdomen showed inflammation at the fundus of the gall bladder, calculus at the neck of the gall bladder/cystic duct, and intra- and extra-hepatic duct dilatation secondary to common bile duct (CBD) obstruction. Endoscopic retrograde cholangiopancreatography (ERCP) was performed.

Methods

ERCP showed a normal cholangiogram with suggestion of external compression at the junction of the CBD and common hepatic duct (CHD). A 9 cm stent was passed into the CHD with good bile drainage. The patient underwent a laparoscopic cholecystectomy following ERCP.

Results

From the CT result and the ERCP finding, the patient was diagnosed with Mirizzi syndrome that resulted from external compression of the CBD by gallstones, leading to mechanical obstruction.

Conclusions

This case report highlights that Mirizzi syndrome can be misdiagnosed as metastatic cancer or as an enlarged lymph node. ■

Conflict of interest statement

None declared.

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