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PHOTO QUIZ

Endoscopy for obstructive jaundice

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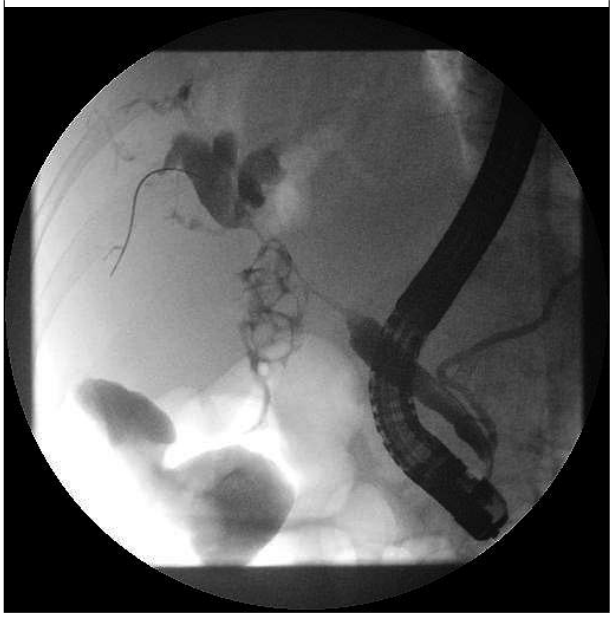
CASE REPORT

A 76-year-old woman was referred for obstructive jaundice. Her medical history was unremarkable, apart from hypertension and type 2 diabetes mellitus. Recently, she observed mild yellowing of her eyes and skin. She had no further complaints, besides vague upper abdominal discomfort and some weight loss during the past months. Apart from jaundice, physical examination was unremarkable. Laboratory results showed an iron deficiency anaemia and cholestatic liver function tests. Endoscopic retrograde cholangiopancreaticography (ERCP) was performed (*figure 1*).

Figure 1. *Endoscopic retrograde cholangiopancreaticography with a guidewire in the hepatocholedochal duct*



WHAT IS YOUR DIAGNOSIS AND HOW TO PROVE IT?

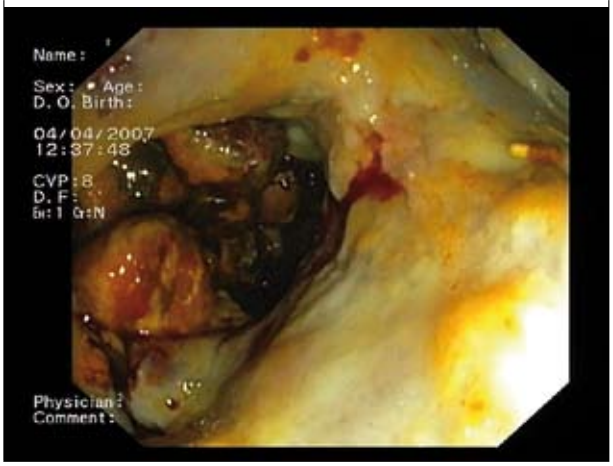
See page 493 for the answer to this photo quiz.

ANSWER TO PHOTO QUIZ (ON PAGE 492)
ENDOSCOPY FOR OBSTRUCTIVE JAUNDICE

DIAGNOSIS

ERCP showed aerobilia, dilated intrahepatic biliary ducts and a long stenotic segment of the hepatocholedochal duct. The gallbladder is filled with stones. Contrast in the colon is observed, therefore a cholecystocolonic fistula was suspected. A colonoscopy was performed and a tumour was seen at the hepatic flexure. Within the tumour a cavity filled with gallstones could be reached (*figure 2*). Biopsies showed intestinal type adenocarcinoma.

Figure 2. *Colonoscopy showing a tumour at the hepatic flexure with a cavity filled with gallstones*



Immunohistological staining suggested a primary gallbladder carcinoma. Curative resection of the tumour was impossible and a palliative colocolostomy and hepatico-jejunostomy was performed. Unfortunately, nine days after surgery the patient died of an abdominal sepsis.

Gallbladder carcinoma is associated with a poor prognosis and a cholecystocolonic fistula demonstrates advanced disease. Curative resection, however, is still possible in the absence of extended hepatic and biliary involvement.[1,2]

In summary, when a biliocolonic fistula is suspected at ERCP, a colonoscopy may easily lead to the correct preoperative diagnosis.

REFERENCES

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2. Sikora SS, Singh RK. Surgical strategies in patients with gallbladder cancer: nihilism to optimism. J Surg Oncol. 2006;93:670-81.