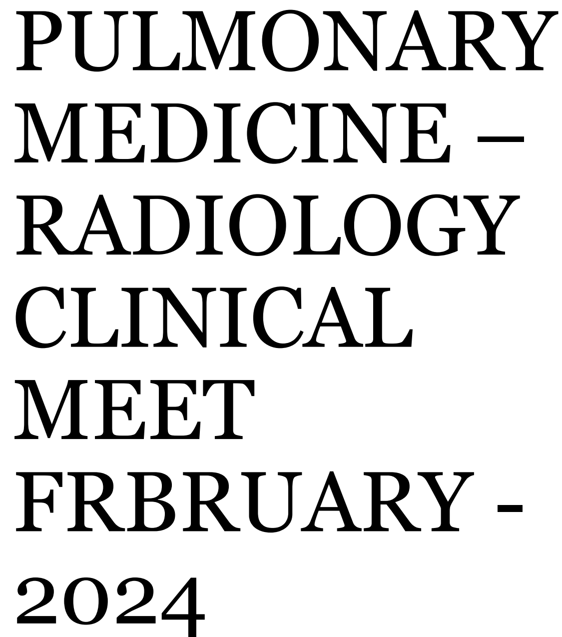


PULMONARY MEDICINE – RADIOLOGY CLINICAL MEET FRBRUARY - 2024

Dr. Neeha Amit Jhala (JR -III)

EMPYEMA OF GALL BLADDER SECONDARY TO CHOLANGIOCARCINOMA

CASE 1

A 67 Year old female presented with:

- Pain in right hypochondrium and epigastrium since 3 months.
- c/o Regurgitation and constipation since 3 months.
- c/o decreased appetite since 3 months.
- c/o weights loss of approx. 15 Kgs in 1 month.
- h/o high grade fever since 10 days.
- No h/o hypertension/ diabetes / burning micturition/ bowel and bladder dysfunction.

- O/e – Right hypochondrium tenderness was present.
  - Palpable mass in the right hypochondrium.
  - No yellowish discoloration of skin and sclera was noted.

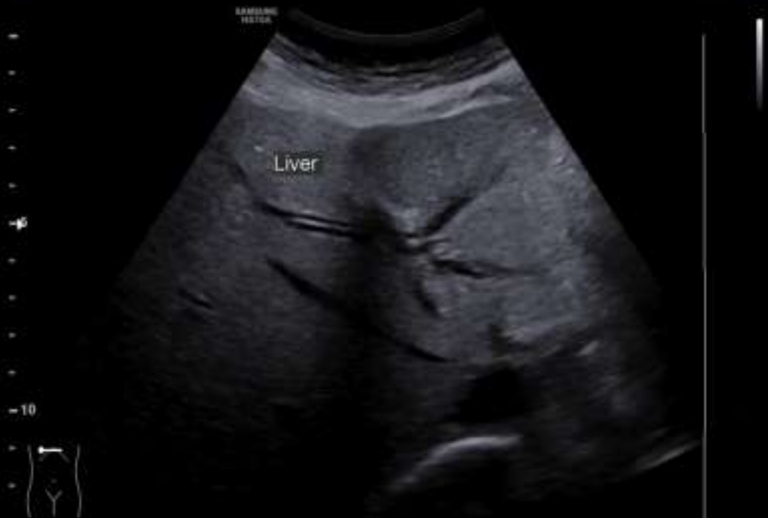
- Laboratory investigations revealed –

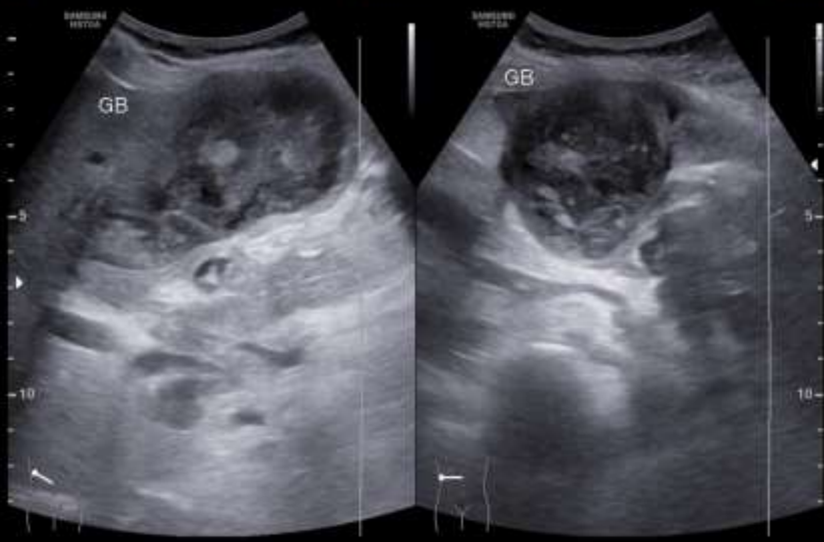
  Raised :

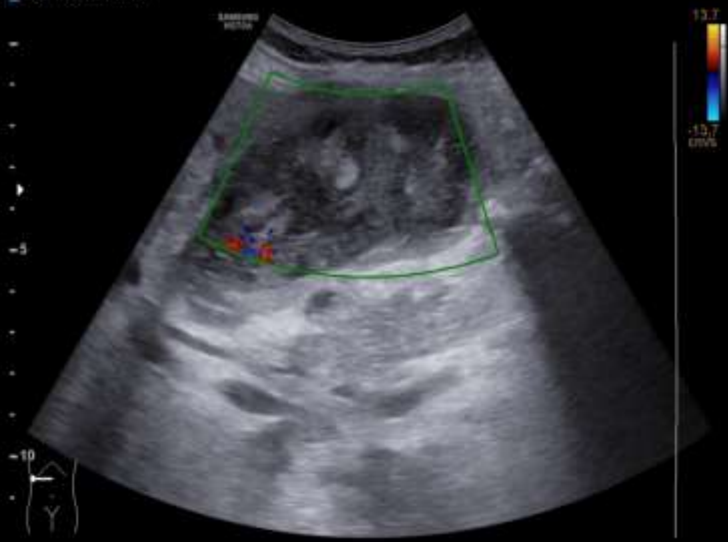
  TLC – 15,500 (Normal range 4000-10,000 / uL)
  Absolute neutrophil count – 13,640 (Range 2000-7000/uL)
  CRP – 21
  ESR was raised (85 mm per Hour)
  SGOT – 132 (8-43 U/lt)
  SGPT – 171 (7-45 U/lt)
  Alkaline phosphatase – 227 (35-104U/lt)
  CEA – 70.19 (Reference 0-5 ng/ml)

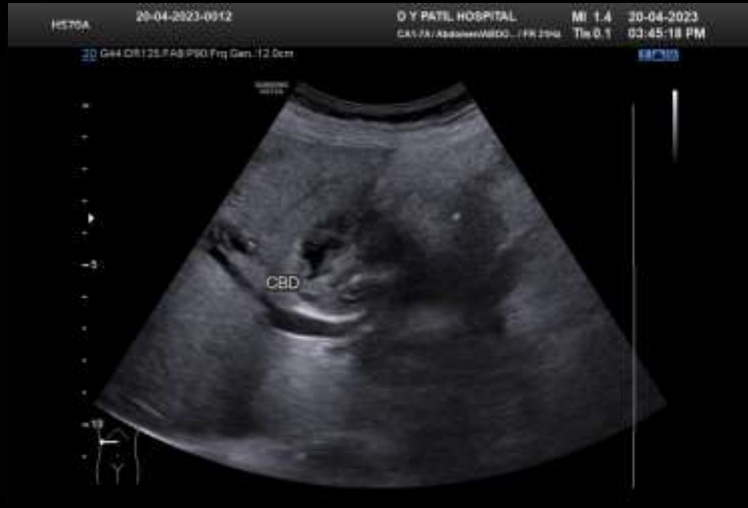
- Normal :

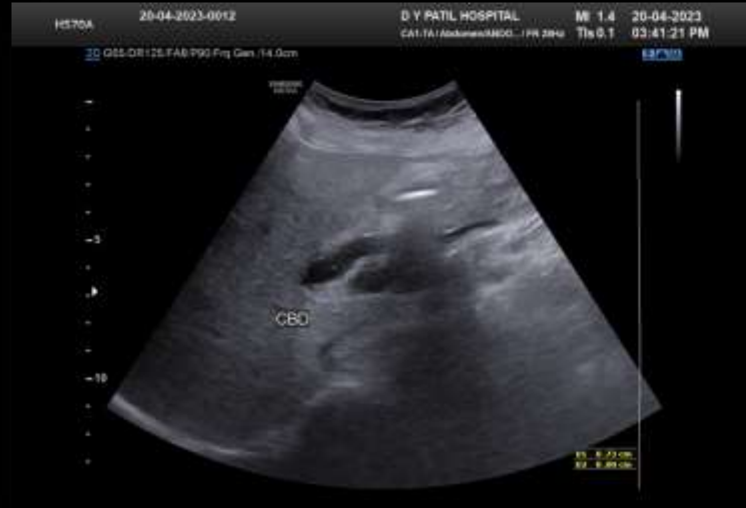
  CA 19.9 was– 16.09 (reference level < 37U/mL)
  Sr. Amylase and Lipase
  HBsAg was non reactive
  Prothrombin time with INR value of 1.05
  Hepatitis C virus antibodies were non reactive
  Serum proteins
  RFTs were normal.

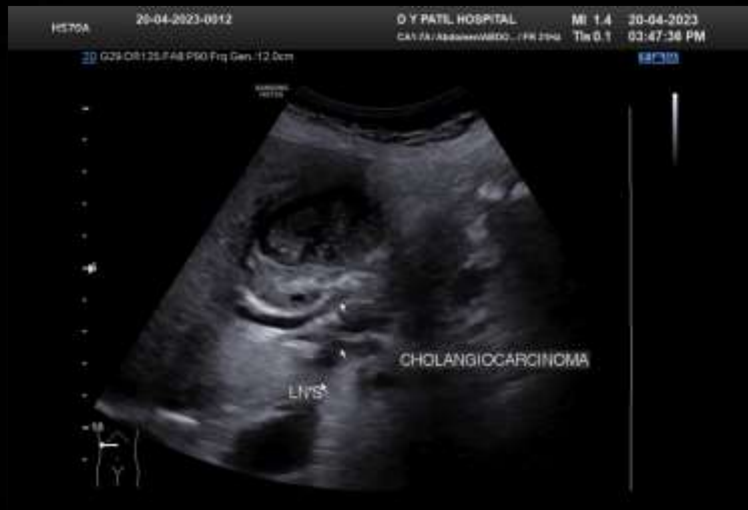

H570A
20-04-2023-0012
D Y PATIL HOSPITAL
MI 1.4
20-04-2023
03:50:28 PM
Tls 0.1
Liver

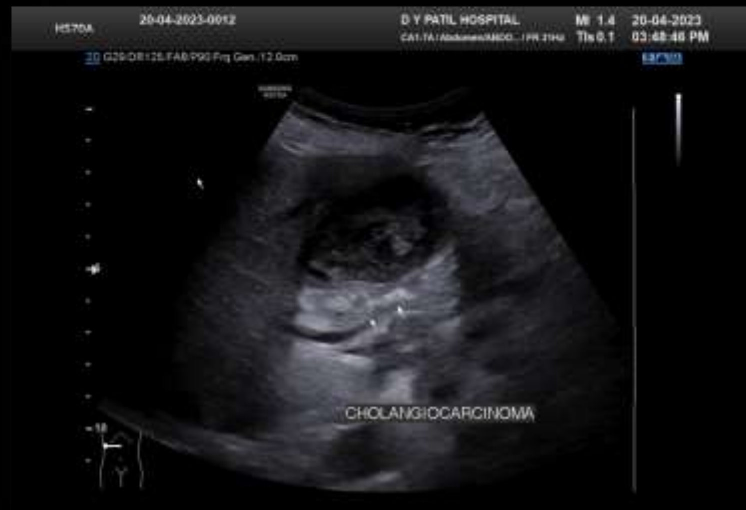

H570A
20-04-2023-0012
D Y PATIL HOSPITAL
MI 1.4
20-04-2023
03:43:11 PM
Tls 0.1
GB
GB

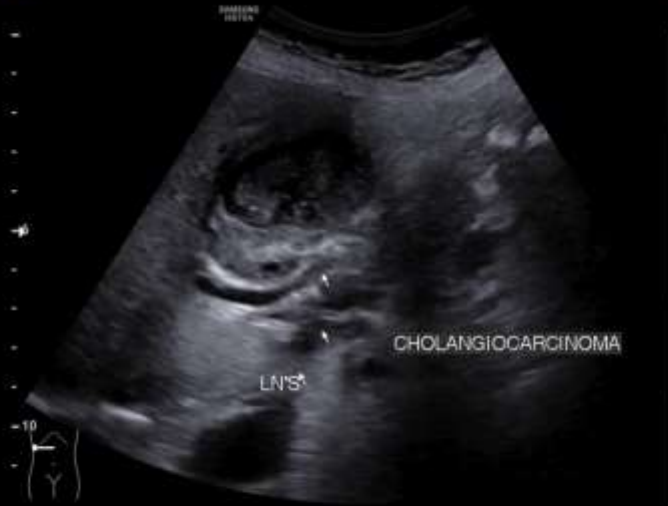

H570A
20-04-2023-0012
D Y PATIL HOSPITAL
MI 1.4
20-04-2023
03:43:37 PM
Tls 0.7

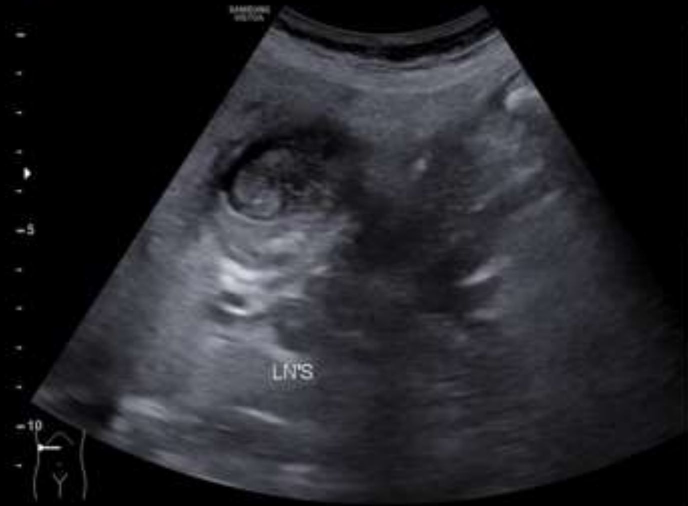

HS70A
20-04-2023-0012
D Y PATIL HOSPITAL
MI 1.4
20-04-2023
TIs 0.1
03:45:18 PM
CBD

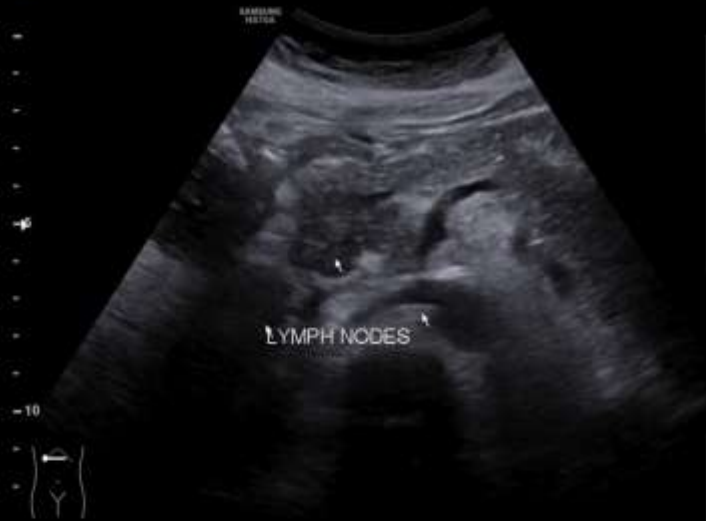

HS70A
20-04-2023-0012
D Y PATIL HOSPITAL
MI 1.4
20-04-2023
TIs 0.1
03:41:21 PM
CBD

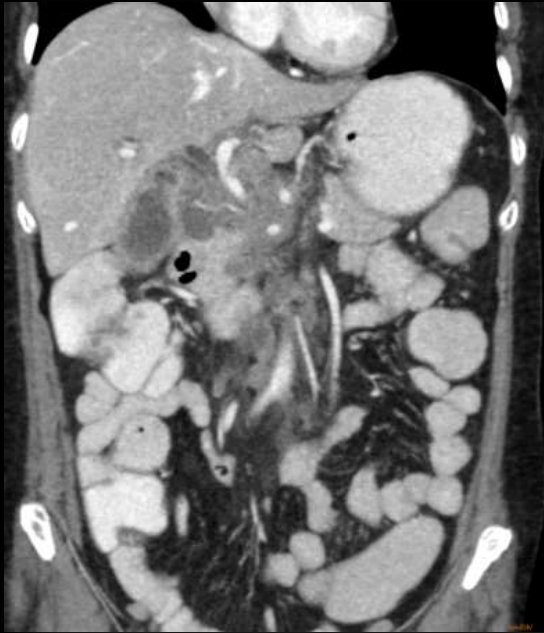

HS70A
20-04-2023-0012
D Y PATIL HOSPITAL
MI 1.4
20-04-2023
TIs 0.1
03:47:36 PM
CHOLANGIOCARCINOMA
LN'S

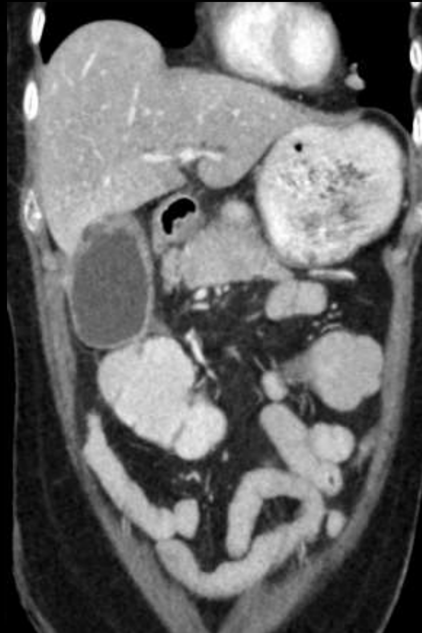

HS70A
20-04-2023-0012
D Y PATIL HOSPITAL
MI 1.4
20-04-2023
TIs 0.1
03:48:46 PM
CHOLANGIOCARCINOMA

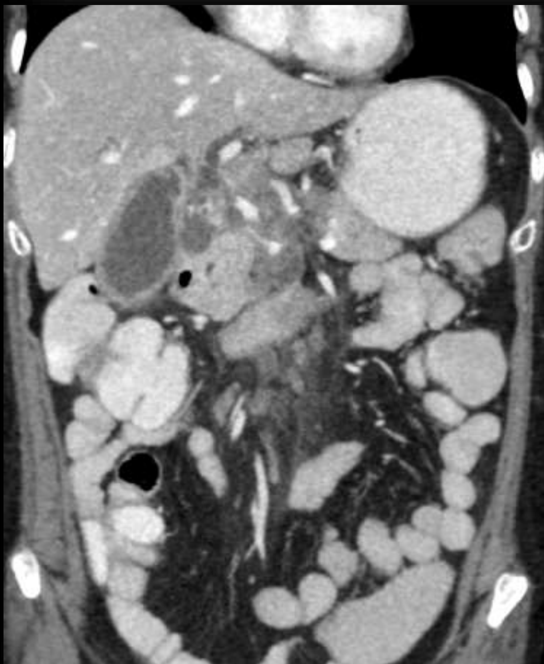

H570A
20-04-2023-0012
D Y PATIL HOSPITAL
MI 1.4
Tls 0.1
20-04-2023
03:47:36 PM
CHOLANGIOCARCINOMA
LN'S

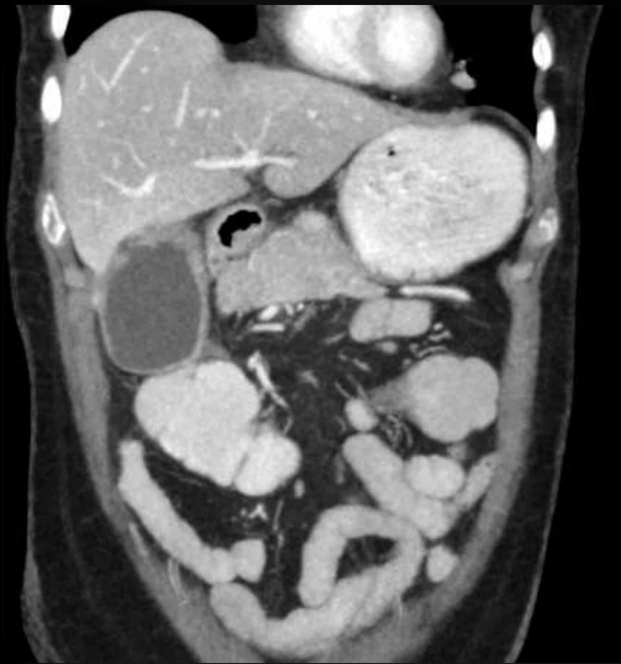

H570A
20-04-2023-0012
D Y PATIL HOSPITAL
MI 1.4
Tls 0.1
20-04-2023
03:46:10 PM
LN'S

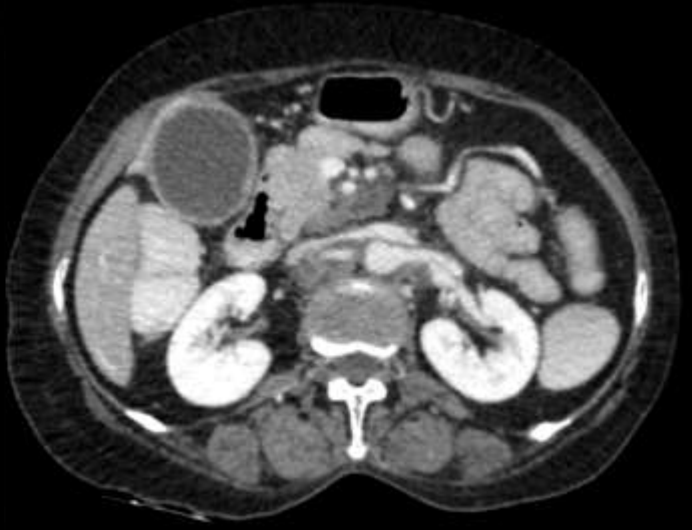

H570A
20-04-2023-0012
D Y PATIL HOSPITAL
MI 1.4
Tls 0.1
20-04-2023
03:51:11 PM
LYMPH NODES

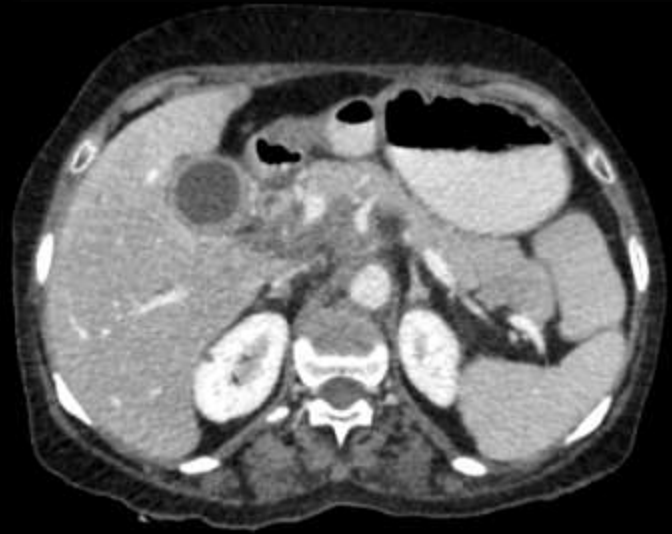


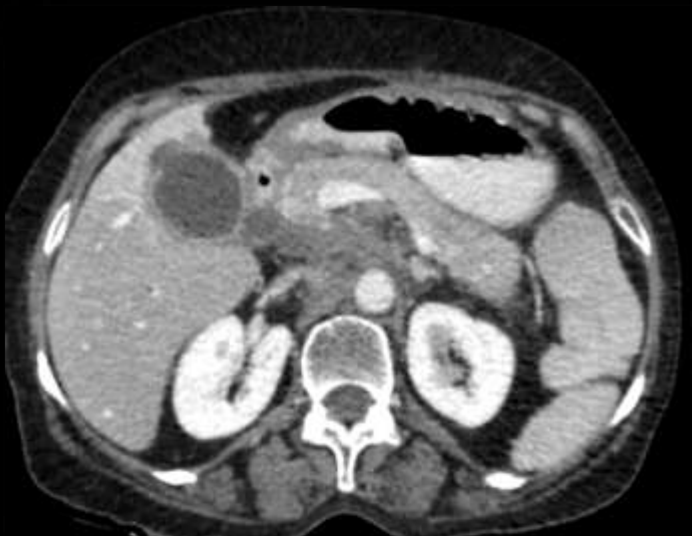


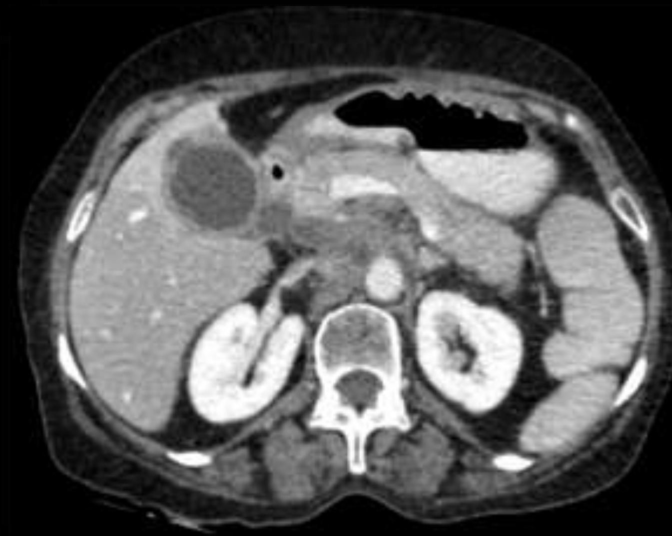


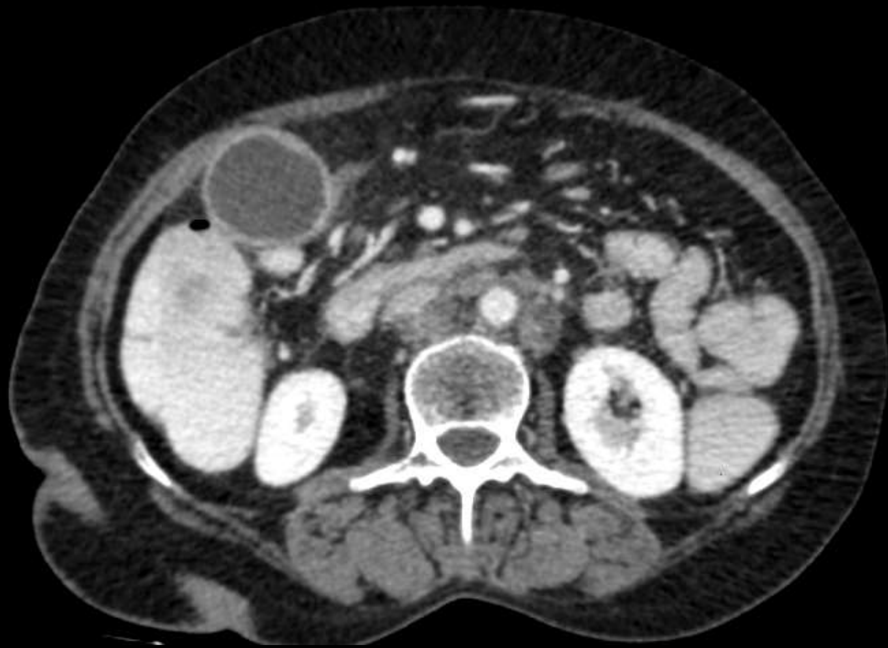
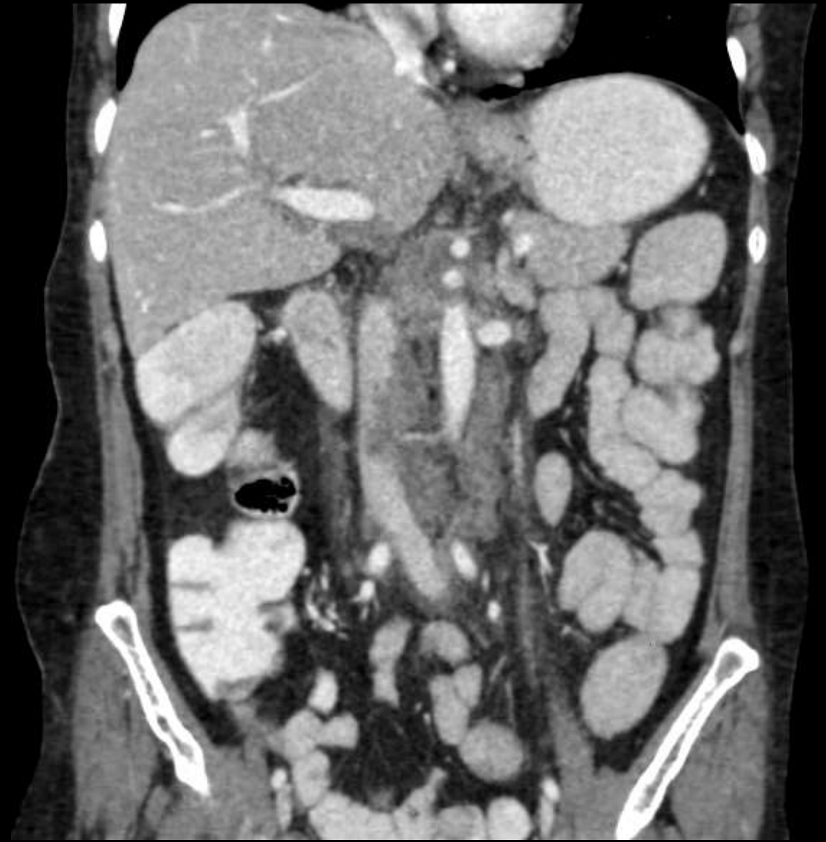


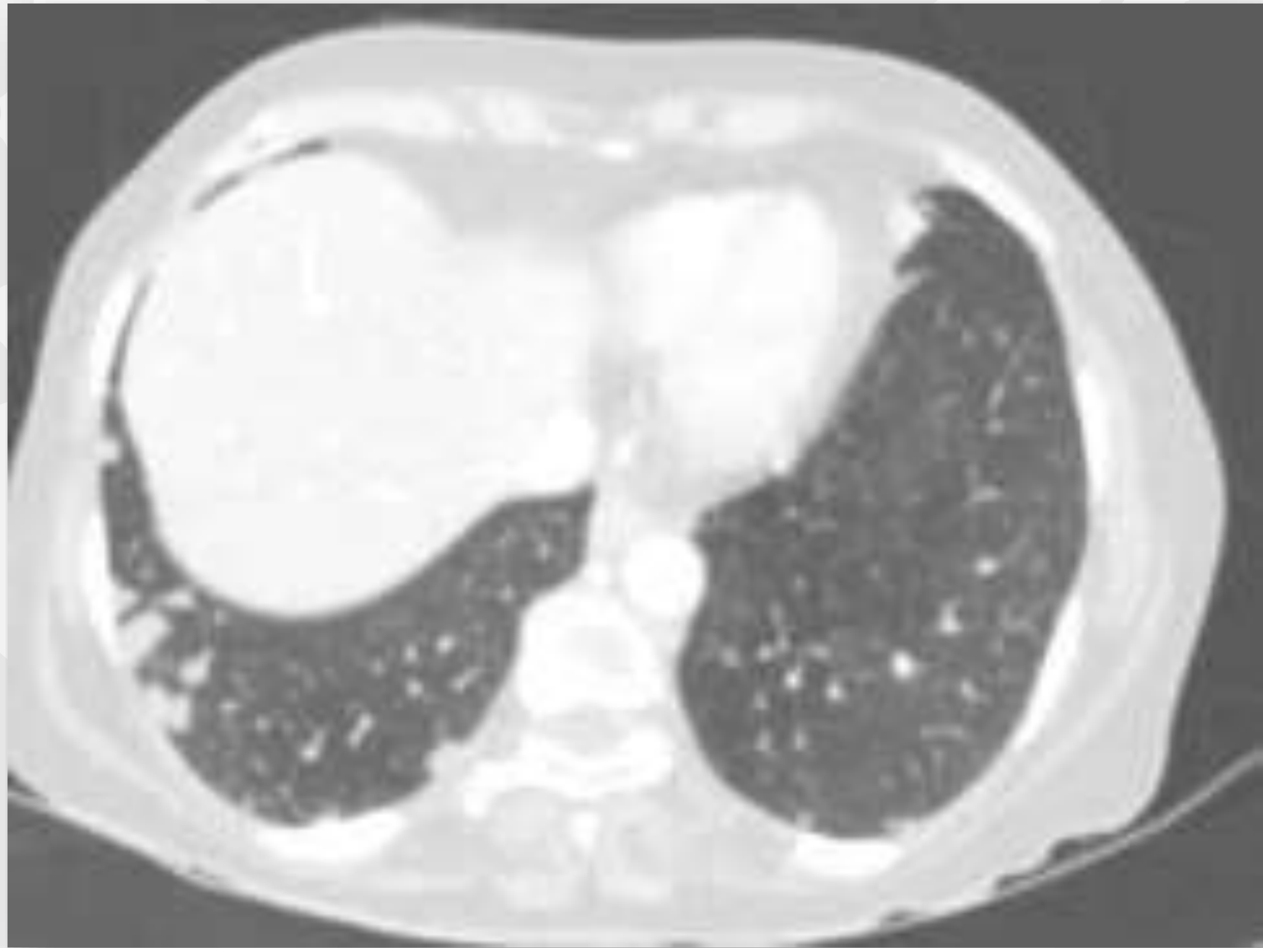


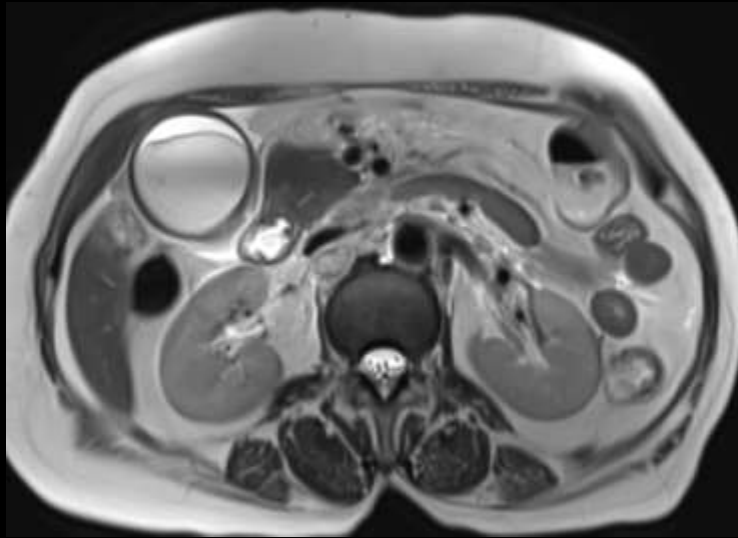


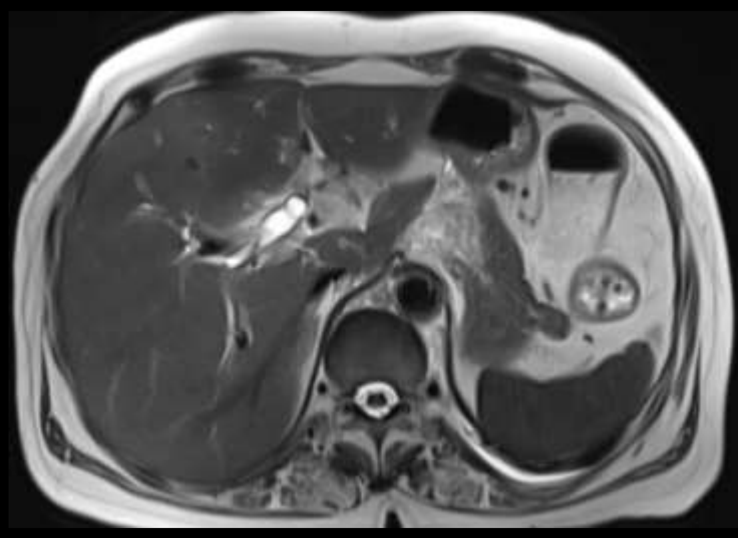


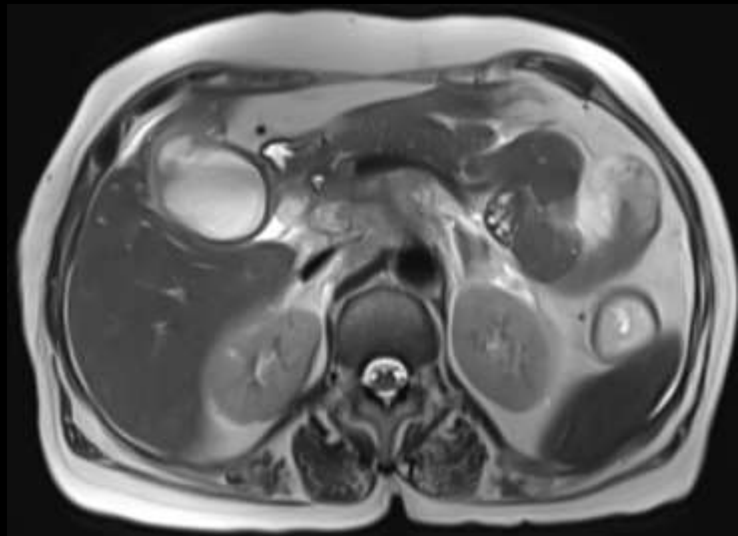


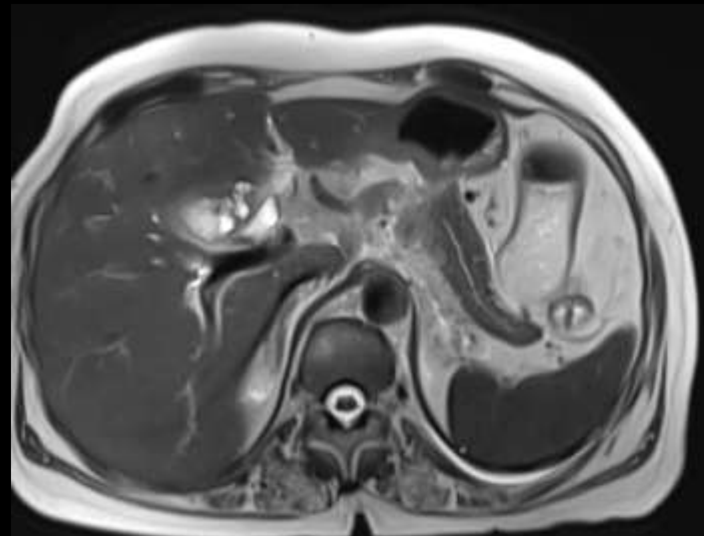



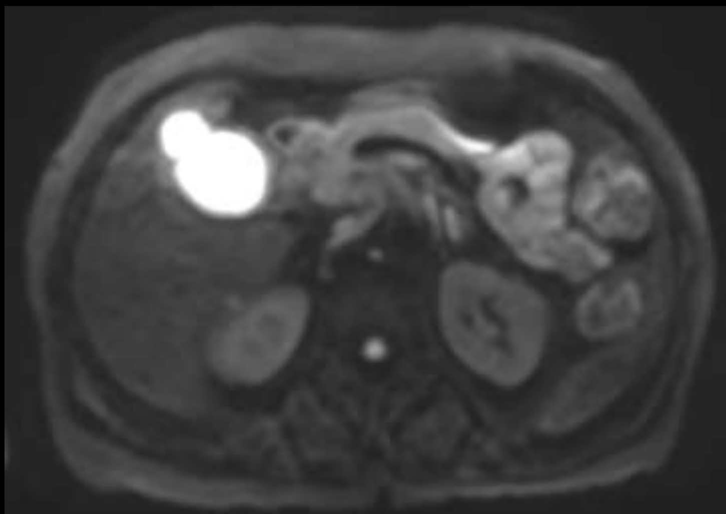


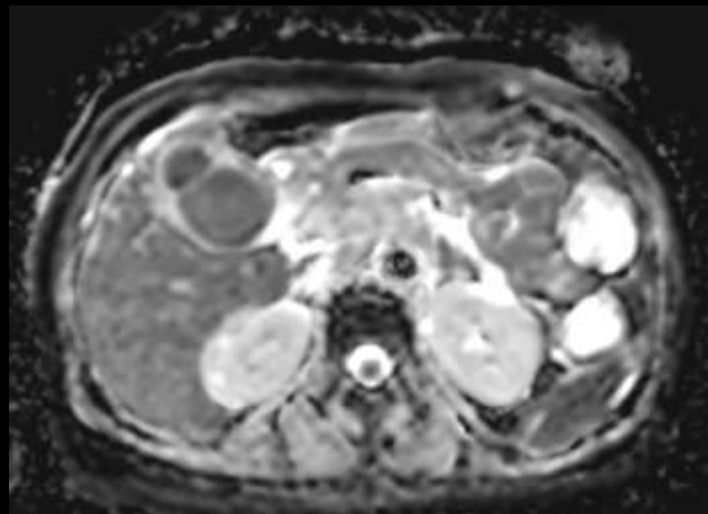


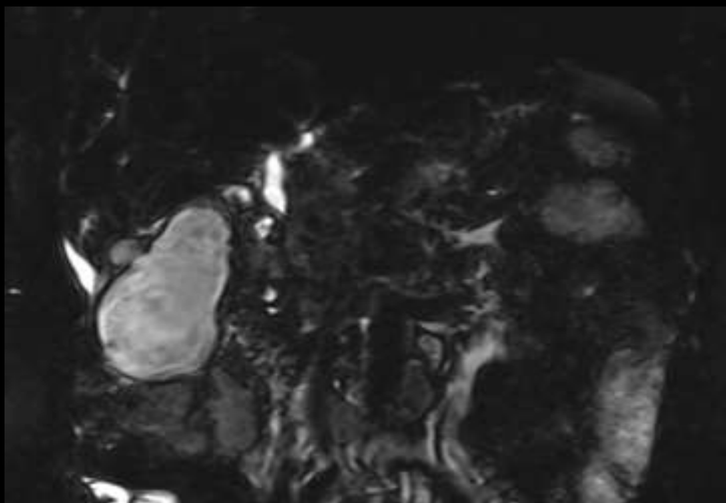


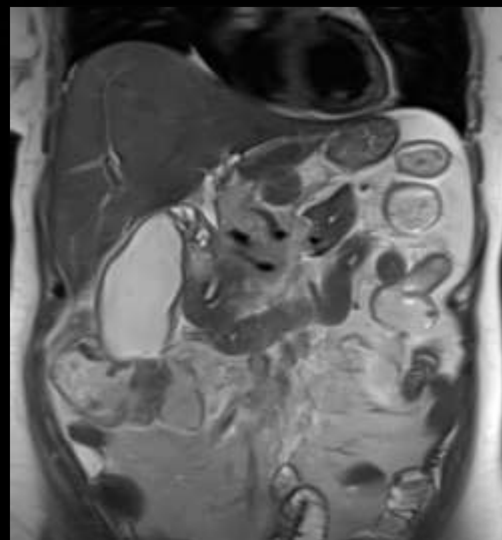


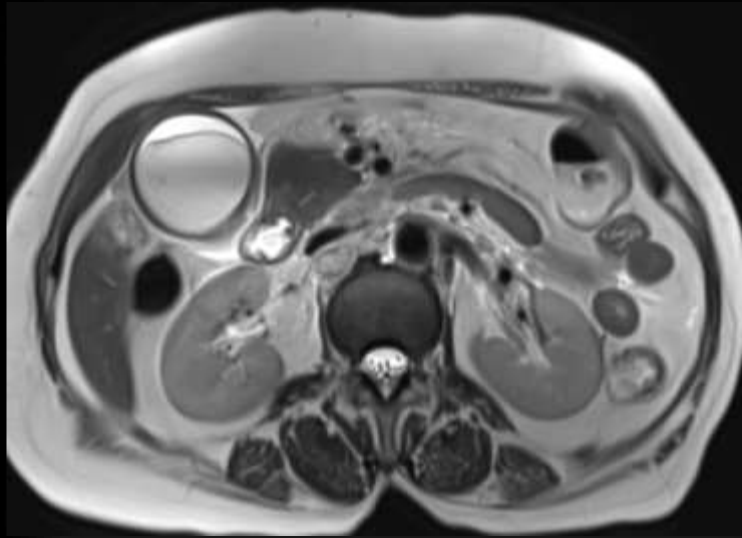
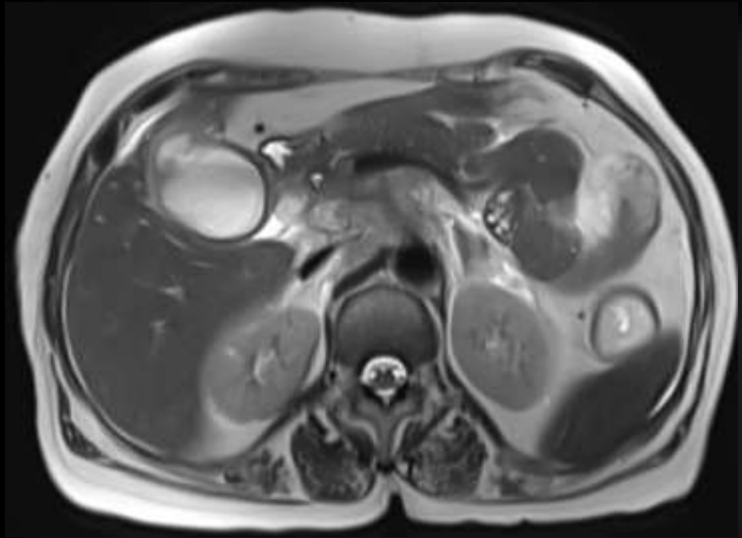
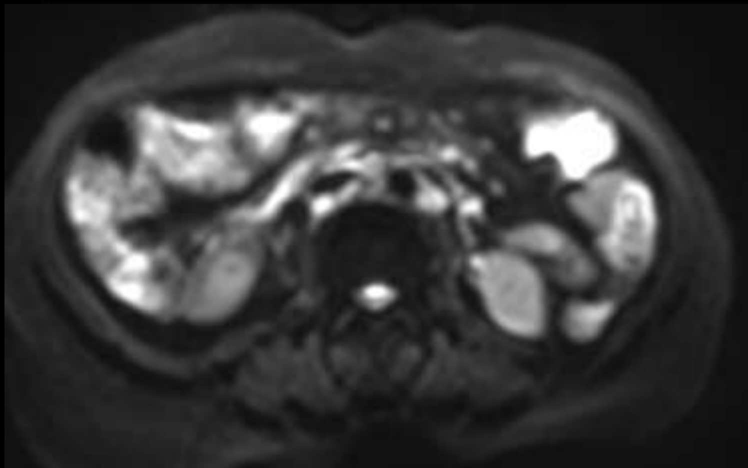
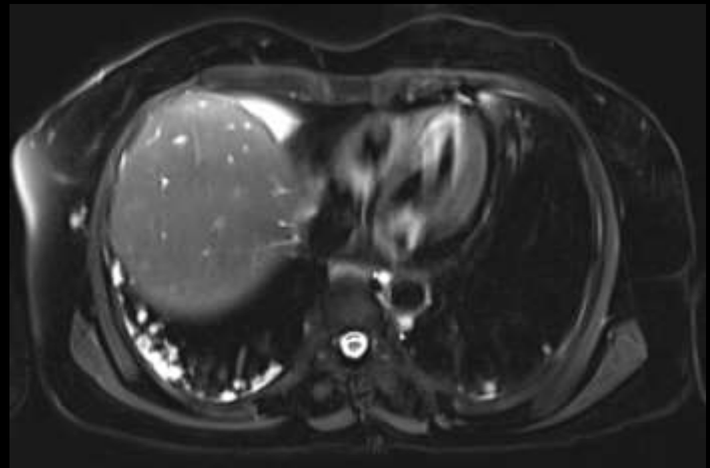










Impression:

- Mild dilatation of central intra hepatic biliary radicals, hepatic ducts and CHD and cystic duct with concentric narrowing in the proximal common bile duct. Possibility of neoplastic stricture (cholangiocarcinoma) cannot be ruled out.
- Multiple enlarged lymph nodes at porta, in the peri-pancreatic, pre-aortic, para-aortic, aorto – caval, pre- caval and retro-caval regions.
- Overdistended GB with changes of acute cholecystitis with defect in its anterosuperior wall and localized collection - likely Contained GB perforation.
- Multiple irregular nodules in basal segments of bilateral lungs, showing peripheral and subpleural distribution ?metastasis.

Suggested: clinical and pathological correlation.

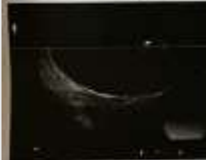
Dr.D.Y.Patil Medical college, Hospital & Research Centre
Dept. of Medical Gastroenterology Centre For Advance Endoscopy, Ext. No. 5956,5239.
Pimpri, Pune - 411018
Phone No: 02027805900,02027825100
WebSite: www.dpu.edu.in Email- ID : med.gastroenterology@dpy.in

DPU

Patient ID: 2023040175
Name: Mrs. Simintabai Surywanshi
Age: 67 Y
Sex: F
Date: 20-Apr-2023

Ref By: SELF
Study: EUS Therapeutic
Examined By: Dr. Amol S Dahale MD, D.M.(Gastroenterology)
Hospital ID: 1214330/23738

ENDOSCOPIC ULTRASOUND REPORT



Indication:

Scope: Fujinon EG-580UT

Sedation: Inj Midazolam + tramadol

Findngs: EUS was performed with the help of linear array echoendoscope.
Liver:
Gall bladder :Distended with sludge inside. Hypoechoic mass at site of insertion of cystic duct into CHD. FNAC taken.
Distal CBD 4 mm
Pancreas: Normal parenchymal echo. PD prominent
Liver - Dilated LHD and RHD
Multiple enlarged Lymph nodes at porta hepatis. FNAB taken for HPE
Bulky adrenal noted on left side

Impression: ? Cholangiocarcinoma with Lymphadenopathy

FNAB/FNAC: FNAC from mass and FNAB from LN

DR. AMOL S. DAHALE
DM (Gastroenterology)
Consultant - Gastroenterologist

Dr Debabrata Banerjee MD DM AIIMS HOD, Professor | Dr Amol S Dahale MD DM Gastro Associate Prof. | Dr M Indrakeela Girish MD DM Gastro Assistant Prof. | Dr.Abhijeet Karad MD DM Gastro Assistant Prof.

Dr.D.Y.Patil Medical college, Hospital & Research Centre
Dept. of Medical Gastroenterology Centre For Advance Endoscopy, Ext. No. 5956,5239.
Pimpri, Pune - 411018
Phone No: 02027805900,02027825100
WebSite: www.dpu.edu.in Email- ID : med.gastroenterology@dpy.in

DPU

Patient ID: 2023040195
Name: Mrs. Simintabai Suryawanshi
Age: 67 Y
Sex: F
Date: 24-Apr-2023

Ref By: Dr. MSW FSW SURG UNIT-IV
Study: ERCP
Examined By: Dr. Abhijeet Karad MD DM
Hospital ID: 1214330

ERCP Report

Indication: Proximal CBD Stricture ? Cholangiocarcinoma

Imaging: Proximal CBD of 18mm shows narrowing

Anaesthesia: GA by Anaesthesiology Team

Ampulla: Seen, Selective biliary cannulation done

Cholangiogram: CBD diameter appx 8 mm with proximal to mid CBD Stricture

Therapeutic Procedure:
Biliary sphincteromy done, guidewire passed into right system.
Cholangiogram taken
Biliary brush cytology taken from stricture site
Using SBDC dialators- 9 Fr and 12 Fr, CBD dilation done.
A 10FrX7 cm Double pigatil CBD stent placed, free flow of bile seen

Sampling: Biliary brush cytology

Diagnosis: Proximal CBD Stricture ?Cholangiocarcinoma
CBD stented

DR. AMOL S. DAHALE

Dr Debabrata Banerjee MD DM AIIMS HOD, Professor | Dr Amol S Dahale MD DM Gastro Associate Prof. | Dr M Indrakeela Girish MD DM Gastro Assistant Prof. | Dr.Abhijeet Karad MD DM Gastro Assistant Prof.

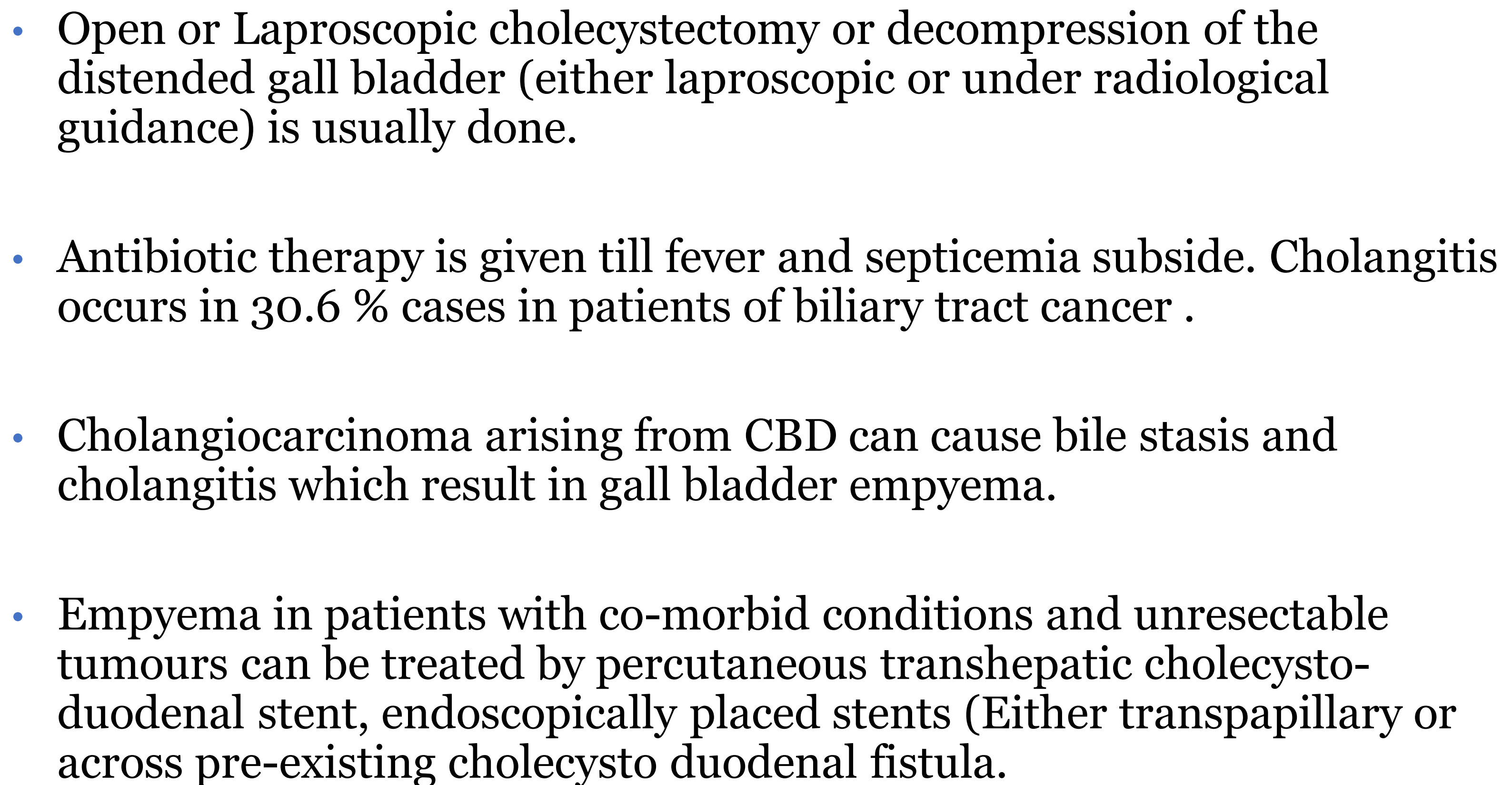
HISTOPATHOLOGY REPORT	
HPE no. :	B/1938/23
Clinical details :	
Nature of specimen	**HPE of EUS guided biopsy of Hilar lymph node.**
Gross Examination :	Received specimen labelled as EUS guided biopsy of hilar lymph node. Received multiple greyish white soft tissue bits measuring 0.1 to 0.3 cm and aggregating to 0.4 x 0.3 x 0.2 cm. 01 - ALL.
Microscopy :	Seen by Dr. Sushama Gurwale. 01- H and E section studied shows moderately crushed artefact in the biopsy. It reveals tumour composed of small nests and glands lined by low cuboidal to columnar epithelium with hyperchromatic pleomorphic nuclei, scanty eosinophilic cytoplasm and prominent nucleoli. Stroma shows desmoplastic changes with chronic inflammatory infiltrate. Mucin plugs also seen.
Diagnosis :-	**Histological findings are in favour of adenocarcinoma possibly cholangiocarcinoma.** Advice- IHC markers for confirmation. Kindly correlate clinically and with radiological findings.

Note :-

If Specimen preserved, it will be retained in the laboratory for 12 weeks from the date of receipt.

EMPYEMA OF GALL BLADDER

- In Gall Bladder Empyema , the gall bladder lumen is filled and distended with pus/purulent material.
- It commonly occurs as a complication of acute cholecystitis , gall bladder neck obstructed by a calculus and rarely by malignant mass like cholangiocarcinoma which prevents drainage of pus through the cystic duct.
- There is stasis of bile with superimposed infection caused by E.coli , Streptococcus faecalis , Klebsiella , Anerobes like bacteroids and clostridia.
- As gall bladder lumen is filled with purulent material , its wall appears edematous and tensed with necrosis of the wall and perforation in late phases, if drainage or removal of the gall bladder is promptly not performed.
- Fistulous communication and rarely overlying anterior abdominal wall can occur. Septicemia can also result.



- Open or Laproscopic cholecystectomy or decompression of the distended gall bladder (either laproscopic or under radiological guidance) is usually done.
- Antibiotic therapy is given till fever and septicemia subside. Cholangitis occurs in 30.6 % cases in patients of biliary tract cancer .
- Cholangiocarcinoma arising from CBD can cause bile stasis and cholangitis which result in gall bladder empyema.
- Empyema in patients with co-morbid conditions and unresectable tumours can be treated by percutaneous transhepatic cholecysto-duodenal stent, endoscopically placed stents (Either transpapillary or across pre-existing cholecysto duodenal fistula.

THANK YOU