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A Cholangiocarcinoma Resembling a Clinically and Radiologically Sclerosing Cholangitis: A Case Report

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Background

Cholangiocarcinoma originates from the epithelial cells of the bile ducts. This cancer is highly lethal as most are locally advanced at diagnosis. It accounts for approximately 3% of all gastrointestinal malignances [1]. Sclerosing cholangitis (figure 1) is a chronic progressive disorder of unknown etiology with inflammation, fibrosis and stenosis of medium and large ducts in the intrahepatic and/or extrahepatic biliary tree. The incidence is 0.68 per 100000 person-years [2].

Case History

An 83-year-old woman presented to the Emergency Department with jaundice and itching. Laboratory exams showed elevated liver enzymes and bilirubinemia. She had a medical history of gallstones and type 2 diabetes mellitus. MRI indicated a common bile duct with irregular caliber, with alternating dilations and restrictions of the lumen, resembling a cholangitis, and extending to the intrahepatic bile ducts, prevalent to the left hemi system and the hilar confluence. Autoimmune laboratory exams were all negative. ERCP was not possible due to the numerous alterations of the biliary structure. This raised doubts about sclerosing cholangitis, and the final diagnosis was histologically confirmed as cholangiocarcinoma.

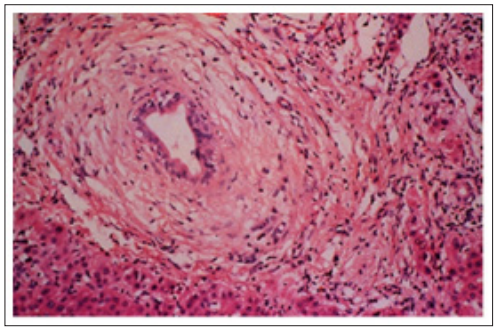

Figure 1: A Portal Bile Duct with Periductal Sclerosis Associated with Degeneration of the Bile Duct Epithelium

Discussion

We report a case of cholangiocarcinoma that was mistaken for a sclerosing cholangitis. Histology, negative autoimmune exams, and patient's age were helpful in achieving final diagnosis.

References

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