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Unusal case of imunlogical liver dissease coexisting with chronic calculous cholecystitis and anatomical variation of billiary duct

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INTRODUCTION: Autoimmune liver diseas include autoimmune hepatitis, primary biliary cirrhosis, primary sclerosing cholangitis,and autoimmune cholagniopathy.The diagnosis is made by a combination of laboratory, imunological tests and liver biopsy. Obstructive jaundice is a condition in which there is blockage of flow of bile out of the liver. Causes include, gallstones, inflammation, tumors, trauma, narrowing of the bile ducts,and structural abnormalities present at birth.

METHODS: A 76 years old female patient was sent to our tertiary level hospital with recommendation for ERCP. Abdominal CT scan (previous hospital) and MRCP were performed. Findings showed chronic calculous cholecystitis with suspected gallstones in the neck of gallblader, dilatation of the common bile duct(CBD), with normal findings on hepatic bille ducts. Scans also described the modified attachment of ductus cysticus to CBD-anatomical variation.An upper endoscopy show preserved bilious drainage. Macrocitic anemia, mixed type hyperbilirubinemia and elevated inflammatory markers were present.ERCP confirmed the existence of the previously described billiary tree condition. A billiary stent is placed. Following the procedure, the value of bilirubin and inflammatory parameters decreased. Patient was released for further follow up in secondary level institutution. After three months, the patient was once again referred to our hospital in an extremely severe general condition (icterus, the, extremity oedema, ascites), again with the recommendation for ERCP.New abdominal CT scans and MRCP showed almoust same results as earlier. During the proximal endoscopy we evaluted existance of esophageal varices, which were not present during the first hospitalization. Also there were low plattelets count, hypoalbuminemia and high INR value. We did tests for metabolic and autoimmune liver diseases that demonstrate the presence of positive ANA and AMA antibodies, which in view of other findings suggests the existence of PBC. Following the tehnical issues and the poor patients condition we didn't perform liver biopsy.Summary of results obtained: During the first hospitalization, there were no explicit parameters that would clearly point to the presence of liver cirrhosis. Symptoms and laboratory findings highly suggested the existence of obstructive or inflammatory process of the billiary tree. Treatment with ERCP gave excellent result at the time.Three months later patient already had markedly developed symptoms and findings that pointed to liver cirrhosis and neccesisate further laboratory and imunological tests that proved AIL.

CONCLUSION: In the further course of events the patient was given symptomatic therapy, which had a certain effect on improvement of the general condition.For technical reasons treatment was continued in a secondary level hospital in another city, causing the patient to be lost for further follow up.

Keywords: Primary billiary cirrhosis, Cholecystitis, Anatomical variation, ERCP