KLINISCH-PATHOLOGISCHE KONFERENZ

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ORT: Hörsaal E2, Hörsaalzentrum (im Innenhof zwischen Chir. Univ.-Klinik und Univ.-Klinik f. Innere Medizin)
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Case 149 46-year-old woman from Egypt with elevated liver function tests

The patient has been living in Austria for 20 years and teaches Islam in a school in Gra´She was referred by a chest physician because of elevated liver function tests with an alkaline phosphatase (AP) of 223 U/l (- 105 U/l), GGT 222 U/l (- 38 U/l), AST 49 U/l (- 30 U/l) and ALT 49 U/l (-35 U/l). Total bilirubin was normal with 0.9 mg/dl. She was asymptomatic at the time and had a history of cholecystectomy several years ago and of thyroidectomy with being on thyroxin replacement therapy. She was on an ACE-inhibitor for hypertension (lisinopril). The patient did not smoke and did not consume alcohol; her
body weight was 73 kg at a height of 159 cm (BMI 29 kg/m2).

Further laboratory tests in our liver outpatient clinic ruled out chronic hepatitis B and C,autoimmune hepatitis and primary biliary cirrhosis. Respective laboratory tests did not show evidence for alpha-1-antitrypsin deficiency, for hemochromatosis or Wilson’s disease. Since she was asymptomatic it was decided to watch her and follow liver function tests over the next 6 months. Liver function tests deteriorated further and she developed postprandial epigastric pain: AP 581 U/l, GGT 425 U/l, bilirubin 1.1 mg/dl, AST 45 U/l, ALT 50 U/l. Sonography showed minimally dilated intrahepatic bile ducts with a normal common duct and an enlarged spleen (15 cm). Subsequently, a CT scan revealed an infiltrative process at the porta hepatis, adjacent enlarged lymph nodes and a swollen head of the pancreas.

Additional history revealed that she has been seen for recurrent episodes of chest pain,retrosternal pressure and dyspnoea. Her cardiac work-up was, however, completely negative. Her chest physicians reported polycyclic enlargement of the hilar lymph nodes bilaterally and bronchoscopy was planned. IgG4 in serum was normal and so was CA19-9 and serology for schistosoma. She developed a painful, reddish, indurated and elevated skin lesion on her abdomen, an internist thought it could be erythema nodosum but a dermatologist did not see her. Esophagogastroduodenospcopy did not show any abnormality.

A diagnostic procedure was performed to clarify the cause of cholestasis and the enlargement of the head of the pancreas.

Diagnose: Sarkoidose des Pankreas
Diagnost. Test: CT-gezielte Punktion des Pankreaskopfes: nekrotisierendgranulomatöse Entzündung, PCR auf Mykobakterien neg.; die EUS-gezielte transduodenale Biopsie ergab einen Lymphknoten mit ebenfalls epitheloidzelligen Granulomen; eine frühere Leberbiopsie zeigte epitheloid- und riesenzellige Granulome mit Bevorzugung der Portalfelder und Läppchenperipherie; polycyclische Hilusverbreiterung im Thoraxröntgen
Therapie: Steroidbehandlung