CLASSROOM to CLINICS
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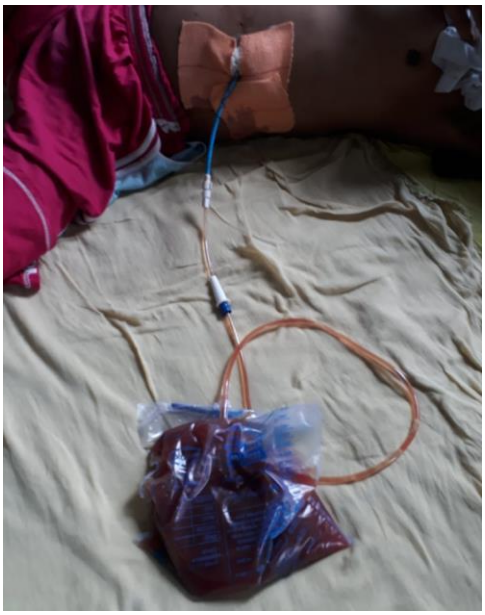
Case of the Week



Case Briefing

A 56 year old woman presents to the emergency with severe right upper quadrant pain that began 2 days ago.The pain was colicky at first but is now constant in nature.She has tenderness to deep palpation,muscle guarding and rigidity in the right upper quadrant.She also has high fever and chills.
Patient was admitted for emergency management and on recovery was discharged.A week later the patient presents to the OPD with vague upper quadrant pain and fever.
Lab values-
TLC-22000
Alkaline Phosphatase-1200
1.What is your diagnosis and what investigations will you order to confirm it ?
Answer-Acute Ascending Cholangitis.

Acute Ascending cholangitis occurs when the gallstones have reached the common bile duct causing obstruction.As the flow of bile is now blocked bacteria can now "ascend" from the GI tract to the common bile duct causing infection, hence known as "ascending cholangitis."Colicky" pain occurs when there is a blockage in a tubular structure.In the given case it denotes the stone was blocking the duct which later became constatnt in nature due to infection and inflammation. Tenderness to deep palpation,muscle rigidity and guarding are all signs of peritioneal irritation.Patients with acute ascending cholangitis may or may not present with clinical jaundice but the liver function tests are always high along with elevation of total leukocyte count.Elevated alkaline phosphatase once again points to a obstruction in the common bile duct.Patients usually present with very high fever and chills

Now the main question here is why is it not acute cholecystitis?

Acute cholecystitis occurs when the gallstone obstructs the cystic duct and remains there until an inflammatory process develops.Patients present with modest fever , constant pain in the right upper quadrant.Total leukocyte count is moderately elevated and liver function tests are minimally affected.

Hence on admission we would order a CBC and LFT. Ultrasonography would be used to confirm the diagnosis here and would reveal the stone and the dilated common bile duct.Elective cholecystectomy is usually performed after 6 weeks.

2.What was the emergency management given to this patient on admission?
Answer- Patient is made nil per oral to provide complete rest to the GI tract,started on IV fluids and recommended IV antibiotics to control the infection.If patient does not respond then emergency decompression of the duct is required ERCP can be performed.

3.Why did the the patient present to the OPD with vague right upper quadrant pain and fever a week later and how will you manage it?
Answer-One of the most common complications of acute cholangitis is a liver abcess.Here the patient presented with vague right upper quadrant pain and fever.Patient has to be admitted and started on IV antibiotics.First line antibiotics used are Penicillin,and metronidazole or a cephalosporin.

CT scan can helps to delineate the liver abcess and allows us to perform CT guided pigtail catherisation to drain the abcess(given in the picture).