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Jundice: a symptom to be considered

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Background & Aim: in primary health care it is really important to consider the symptoms. We have many patients with chronic diseases, or with slight pathology. in our context it is important to consider the fact that some of our patients with a severe pathology come to our primary health care centre in the first place.

Method:

Clinical case: Patient, 66 years old with painless jaundice.

Clinical history: Jaundice since six days ago. He associated it with that he was eating mushrooms then, and after that his skin turned yellow. No fever. No toxic syndrome. No vomit.

Pathological history: former smoker 1.5 packets per year since 16 years ago. Hypertension treated with amlodipine 5. Esophagitis treated with pantoprazole 40.

Physical examination: normal abdomen.

Blood test urgent: haemogram normal.

Bilirubin: 8.47 Bilirubin sterified: 6.22 Aspartate transaminase (AST): 172 alanin transaminase (ALT): 443 Fosfatasa alcalina 224, Gammaglutamil transpeptidase (GGT): 1086 pancreatic lipase: 198 pancreatic amylase 58. Hepatitis virus Serologies A, B, C, E: negative. Coagulation: normal.

Results: We sent the patient to emergencies. They made abdominal echography: general dilatation of biliary tract, without demonstrating an obstructive cause. TC abdominal: compatible image with a 13mm big pancreas tumour with a dilatation of principal and secondary biliary ductus. Radiologically seemed to be operable. They made an endoscopic retrograde cholangiopancreatography (ERCP), they made a cephalic duodenopancreatectomy and a insertion of a stent in biliary ductus. The evolution was good and the patient stays asymptomatic. We can make a differential diagnose between different causes of jaundice: can be intrahepatic (hepatocellular disease: viral, autoimmune, alcoholic; drugs, pregnancy; sarcoidosis; primary biliar cirrhosis), extrahepatic (gallstones; Citomegalovirus; cholangiocarcinoma, pancreatic carcinoma; pancreatitis; lymphoma)

Conclusion: It is really important to consider the symptoms of our patients and to think about the possibility of malignity.