

ABDOMINAL PAIN

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With the collaboration
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CAUSE OF ADMISSION: 73years old woman with general syndrome.

PERSONAL BACKGROUND:

- ▶ No known drug allergies.
- ▶ No toxic habits.
- ▶ **Hypertension** since the last 13 years with a good ambulatory control. No DM. **Dyslipidemia**.
- ▶ **Deafness** .
- ▶ **Cronic hepatopathy** of no filiated cause since the last 15 years (probable hepatitis autoimmune type I (diagnosis based on antinuclear antibodies and smooth-muscle antibodies, no biopsy)).
- ▶ **Gallstones**.
- ▶ **Previous surgical interventions:** Cataracts, left knee prosthesis and curettage.
- ▶ No habitual treatment.

CURRENT DISEASE

- ▶ **Constitutional syndrome** since 2 months beside an **abdominal pain** that it begins at dorsal region and it radiates forward in belt, without relation with intake and meals and it doesn't changes after deposition.
- ▶ **Weight loss** of 9 Kgs and an apparent **asthenia**.
- ▶ No fever and no distermic sensation.
- ▶ **Hiporexia**, no nauseas, no vomiting. No digestive rythm alteration.
- ▶ No other concomitant syntomathology.



Physical Examination

- BP 125/75. HR 80 lpm. BR 15 rpm. SatO2 96%. Asthenic habit.
- No adenopathies, no goiter, normal JVP.
- Pulmonary auscultation: breath sounds without superinduced pathologic sounds.
- Cardiac auscultation: CsSsRs without extratones.
- Abdomen: soft, no painful. Hepatomegaly of 4 cms below the right costal margin.
- Lower limbs: No edemas, pedal pulses present. Homans negative.

COMPLEMENTARY TESTS

- ▶ Blood count: normal. **ESR 120** mm/h.
- ▶ Coagulation: No alterations.
- ▶ Biochemistry: Renal function and ionogram within normal limits. **AST 39** mU/mL, **ALT 48**mU/mL, **PA 317** mU/mL, **CRP 3.4** mg/dL, BR 1 mg/L, the rest of parameters were normal.
- ▶ EKG: Sinus Rhythm 75 lpm. No alterations of the repolarization.
- ▶ Chest X-Ray: No significant alterations.
- ▶ Abdominal X-Ray: Non specific alterations. Nonspecific gas pattern.



ANALYSIS OF THE CASE





♀ 76 years old

-BACKGROUND:

- Deafness.
- Chronic liver disease (probable autoimmune hepatitis with ANA + & ASMA +).
- HTA. DL. Gallstones.



PRESENT ILLNESS:

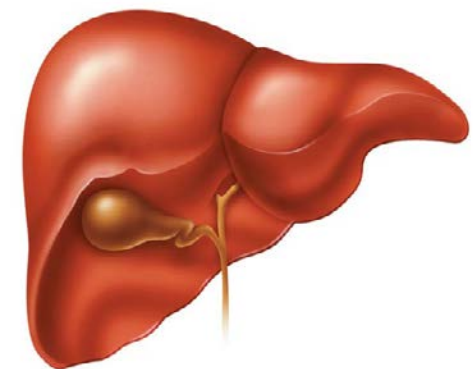
- Constitutional syndrome since 2 months + abdominal pain.
- Loss of weight 9kgs. Hyporexia + asthenia.

PHYSICAL EXAMINATION:

To highlight only a non painful hepatomegaly.

LABORATORY FINDINGS:

- APR: ESR 120. RCP 3.4.
- Minimum alterations liver function.





WHAT WOULD YOU DO NEXT???

WHICH PROCEDURES WOULD
YOU ASK FOR??

ABDOMINAL ULTRASOUNDS

- ▶ Hepatomegaly with big space-occupying lesions. Gallstones.



TORACIC- ABDOMINAL-PELVIC CT SCAN

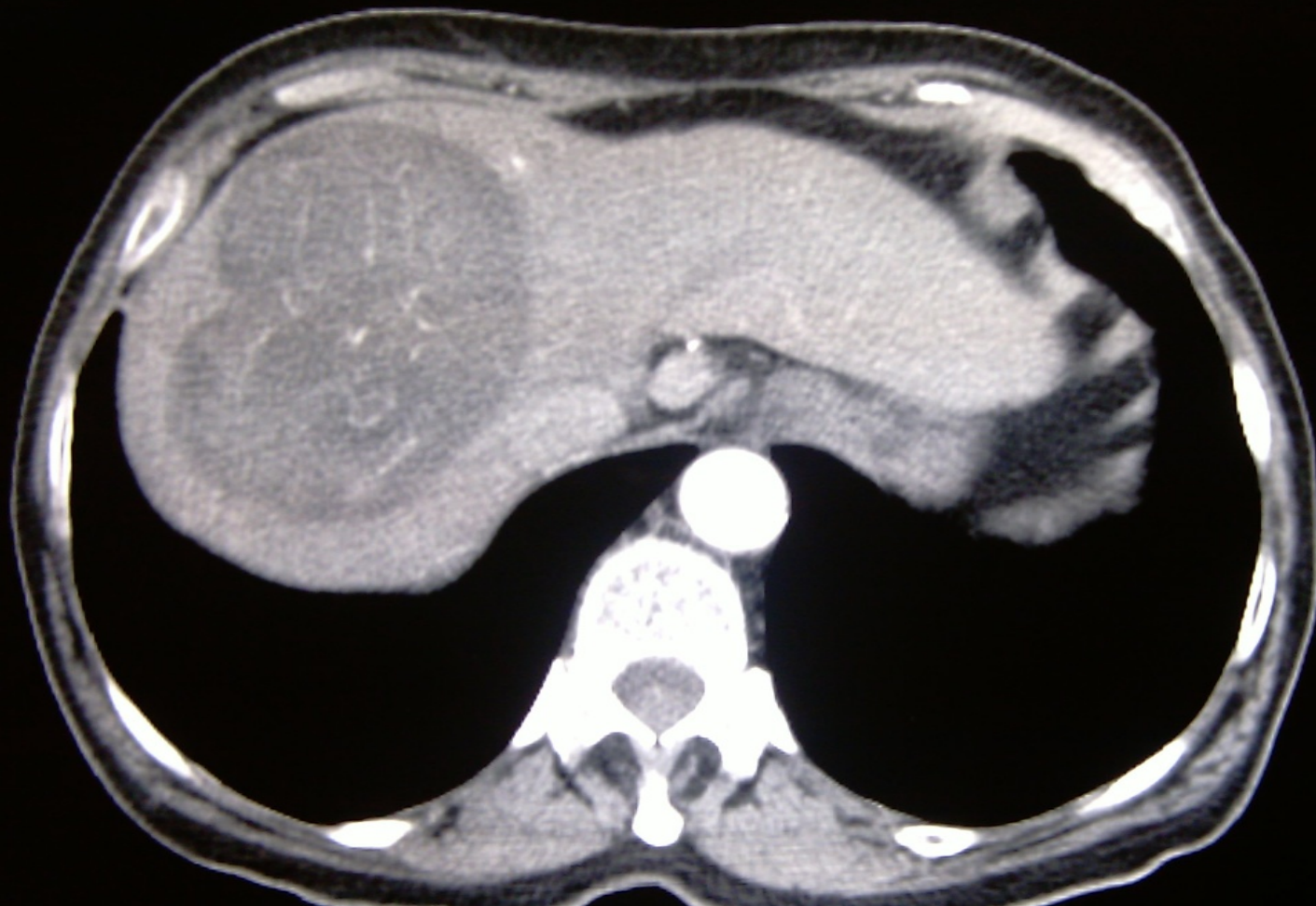
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- HEPATIC POLILOBULATED MASS OF 12 CMS OF DIAMETER.
- Left subserosic leiomyoma.

A male scientist with brown hair, wearing a white lab coat over a blue shirt and a red patterned tie, is shown in profile. He is wearing large, clear safety goggles and holding a glass beaker filled with a bright red liquid. He is looking at the beaker with a thoughtful expression, his hand resting on his chin. A thought bubble is positioned above his head, containing the text "POSSIBLE DIAGNOSIS??" in red, serif, all-caps font. The background is a green chalkboard with some faint, illegible chalk marks. The overall scene suggests a laboratory or classroom setting where a diagnostic test or experiment is being conducted.

POSSIBLE
DIAGNOSIS??

DIFERENTIAL DIAGNOSIS

HEPATIC MASS

BENIG LESION	MA LIGN LESION	INFECTIONS	MISCELLANY
<ul style="list-style-type: none"> -Adenoma, Hemangioma ⇒ Different radiologic behaviour in ecography & CT. -Hepatic regenerations nodules (against the size, no biopsy, no data in favor on cirrhosis). 	<ul style="list-style-type: none"> -Metastasis. -Hepatocellular carcinoma. - Lymphoma. -Others - The size, radiology and the agresivity of the mass. 	<ul style="list-style-type: none"> -Piogenic, Candidiasis/ Amebian abscess) ⇒ No fever, no leucocitosis ni neutrophilia, radiology (no acustic reinforcement). -Actinomicosis, Hidatidosis abscess. - Tuberculosis. 	<ul style="list-style-type: none"> -Hepatic artery aneurism (PAN, traumatism). - Granulomatosis illnesses. - Peliosis. - Hematoma.

A background image showing various laboratory glassware, including a beaker with red liquid, a graduated cylinder with yellow liquid, and a test tube with blue liquid, all set against a light blue and white background.

MORE LABORATORY FINDING

▶ COMPLETE BLOOD ANALYSIS:

- **Ferric series:** normal. **Tyroides hormones:** normal.
- **Tumoral markers:**
 - CEA, alfa-fetoprotein: negatives.
 - **Beta-2 microglobulin:** 2.6 mg/L ($N \leq 2.2\text{mg/L}$).
 - **Beta-HCG:** 20 mUI/mL ($N < 5\text{mUI/mL}$).



AUTOINMUNITY

- RF, ANA, antiDNA, ANCA, antiLKM, antimitocondrial antibodies: NEGATIVES.
- Antirreticulin antibodies that interferes with smooth muscle antibodies.



- ▶ Gammaglobulin 1.3 g/L. Band of monoclonal aspect.
- ▶ Immunofixation shows **one monoclonal protein band IgM kappa**.
- ▶ Urine immunofixation: negative.

EVOLUTION



- ▶ No fever, good control of pain with habitual endovenosus analgesic.
- ▶ After reevaluating the case, the patient has been previously followed-up by Digestive Unit and she had **absolutely denied to do an hepatic biopsy.**
- ▶ Analitically she only had a minimun alteration of liver function without any descompesation until the present admission. They had never put her any treatment at all.



- ▶ The anapathologic study of the sample show...

HEPATOCELLULAR CARCINOMA

- ▶ The patient has been derived to Oncology Unit where she has been receiving Target Molecular Therapy (Soratinib).



DIAGNOSTIC IMPRESSION

- HEPATOCELLULAR
CARCINOMA IN PATIENT WITH
CRONIC AUTOINMUNE
HEPATITIS TYPE I.

AUTOIMMUNE HEPATITIS

Classification of and autoantibodies in autoimmune hepatitis

Type	Autoantibodies
1 (classic)	Antinuclear
	Anti-smooth muscle
	Anti-actin
	Anti-soluble liver/ liver pancreas antigen (Anti-SLA/LP)
	Atypical pANCA
	Antimitochondrial
2	Anti-LKM-1
	Anti-liver cytosol -1 (Anti-LC1)
	Anti-soluble liver/liver pancreas antigen (Anti-SLA/LP)

- ▶ Chronic liver disease characterized by: autoimmune features and hyperglobulinemia with circulating antibodies.
- ▶ Heterogeneity.
- ▶ **Overlap syndrome** (Primary biliary cirrhosis & Primary Sclerosing cholangitis).
- ▶ In general a “**steroid-responsive**” condition, with great benefits of treatment and an appropriate management can improve quality of life.
- ▶ Progress to cirrhosis & HCC.

TREATMENT

- ❑ Individualized decision upon severity of symptoms, degree of serum transaminases (x10) and gammaglobulin elevation (not a necessarily correlation with histology injury).
- ❑ **GOLD STANDARD: Histologic study.**
- ❑ Uncertain benefit of treatment in inactive cirrhosis.
- ❑ **Choices of treatment:**
 - **Prednisolone** 60mg/d (lower rate) or 30mg/d + **Azathioprine** 50mg daily.
 - **Ciclosporine** 4mg/kg/d (reasonable alternative children).
 - **Budesonide** 3mg/8-12 hours (not really extensively studied).



MESSAGES TO REMEMBER

- ▶ The carcinoma hepatocellular is one long-term complication in autoimmune hepatitis, specially if they are not treated.
- ▶ The need of biopsy for an appropriate manage.
- ▶ Our clinical practice is limited by patients's decission, althoutgh sometimes they aren't correct (ethical problem).

THANK you!

