



CPC

V th MEDICAL UNIT

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**A 60 yr old male mr. xy
came with the complaints of pruritic rash for six months**

HISTORY OF PRESENTING ILLNESS:

- Patient admitted with **history of progressive generalized pruritic rash over the neck trunk limbs for 6 months duration**
- History of **lethargy +**
- History of **loss of appetite +**
- History of **loss of weight 8 kgs over 6 months**
- History of **abdominal pain**-dull aching ,inter mittent, on and off for 6 months
- History of **yellowish discolouration of eyes +**
- History of frequent head ache + for 6 months on and off
- History of nasal block + on and off

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- No history of cough with expectoration
 - No history of high coloured urine
 - No history of any bleeding manifestation
 - No history of oliguria /pedal edema
 - No history of fever

PAST HISTORY

- K/C/O **Type 2 diabete mellitus** for past 1 year and on OHA
- Past **H/O LRI-** 1 month back, hospitalised and treated with iv antibiotics (records not available)
- **H/O mass in the intestine** which was operated 3 years back (records not available)
- N/K/c/o SHT/TB/BA /CKD /Epilepsy
- No H/O previous blood transfusion.



- **PERSONAL HISTORY:**

- Reformed alcoholic and smoker
- Bowel and bladder habits normal
- No h/o extra marital contact

- **FAMILY HISTORY:**

No significant family history

- **TREATMENT HISTORY:**

took antihistamine for skin rashes for 6 months
and on OHA for T₂DM

GENERAL EXAMINATION

- Conscious
- Oriented
- Pallor +
- Icterus +
- No cyanosis /clubbing /pedal edema
- B/L submandibular gland enlargement+
- No significant lymphadenopathy
- Erythematous maculopapular rash over the neck limbs trunk with excoriation +

- **VITALS:**

- BP – 110/80mmHg
- PR -86/min
- sPO₂ -97% in RA
- RR – 18/min
- Temperature- 98.6 F

- **SYSTEMIC EXAMINATION:**

CVS – S₁S₂ +, no murmur

RS –B/L NVBS +

P/A –soft BS+

no organomegaly

CNS-NFND,

fundus - normal

- **INVESTIGATIONS:**

- Hb-6.4g/dl
- TC-8400cells/mm³
- DC- N -70% L-12% E-12% M-6%
- HCT-28
- PLATELET-1.8 LAKHS
- ESR-30MM/HR
- MCV – 106
- MCH – 18
- MCHC - 22

PERIPHERAL SMEAR:

- Dimorphic anemia
- Reticulocytosis & Eosinophilia

BONE MARROW ASPIRATION :

- Erythroid hyperplasia

Absolute eosinophil count-

- 3500/micro litre

RBS-285mg/dl
Blood urea-28mg/dl
Sr creatinine-1.0 mg/dl
Sr Amylase-220U/lit
Sr lipase-128U/lit

Serum electrolytes

Na+ -134mEq/L
K+ -3.8mEq/L

Serum calcium – 9.4 mg

LFT –

TB- 4.2 mg/dl
DB-2.2mg/dl
IDB-2.0mg/dl
AST-60U/L
ALT-42U/L
ALP-324U/L
LDH-1120U/L
GGT-147U/LIT

Serum protein – 6 g/dl
Albumin – 3.5 g/dl
Globulin – 2.5 g/dl



FASTING LIPID PROFILE

Total cholesterol – 180 mg/dl

TGL – 140 mg/dl

LDL – 60 mg/dl

HDL – 42 mg/dl

Serum folate- Normal

Serum Vit B₁₂ - Normal

Stool for occult blood – Negative

- DIRECT COOMBS TEST – POSITIVE
- THYROID FUNCTION TEST – EUTHYROID STATE
- HIV- NON REACTIVE
- VIRAL MARKERS –NEGATIVE

- ANA- POSITIVE
- ANA Profile - NEGATIVE
- C-ANCA- NEGATIVE
- P-ANCA-NEGATIVE

- CHEST X RAY –NORMAL
- X-RAY PNS – MUCOSAL THICKENING OF MAXILLARY & ETHMOIDAL SINUSES

- ECG- NORMAL



USG ABDOMEN AND PELVIS:

-CBD dilatation + IHBR dilatation present

CECT ABDOMEN AND PELVIS:

- diffuse pancreatic enlargement,
- subtle capsule like low density rim around the pancreatic head & body
- thickening of CBD walls



Figure 1 Axial contrast-enhanced CT showing a diffusely swollen pancreas and a surrounding low-density rim (arrowheads), compatible with pancreatitis. Dilatation of common bile duct (asterisk) is also present.



Figure 2 Coronal contrast-enhanced CT showing pancreatic enlargement, dilatation of common bile duct (CBD) (asterisk) and thickening of the CBD wall to 0.3 cm, a sign suggestive of inflammation and fibrosis.

ERCP:

- dilatation of both IHBR AND EHBR with stricture at distal CBD without definite intraductular filling defect.
- No E/o stone

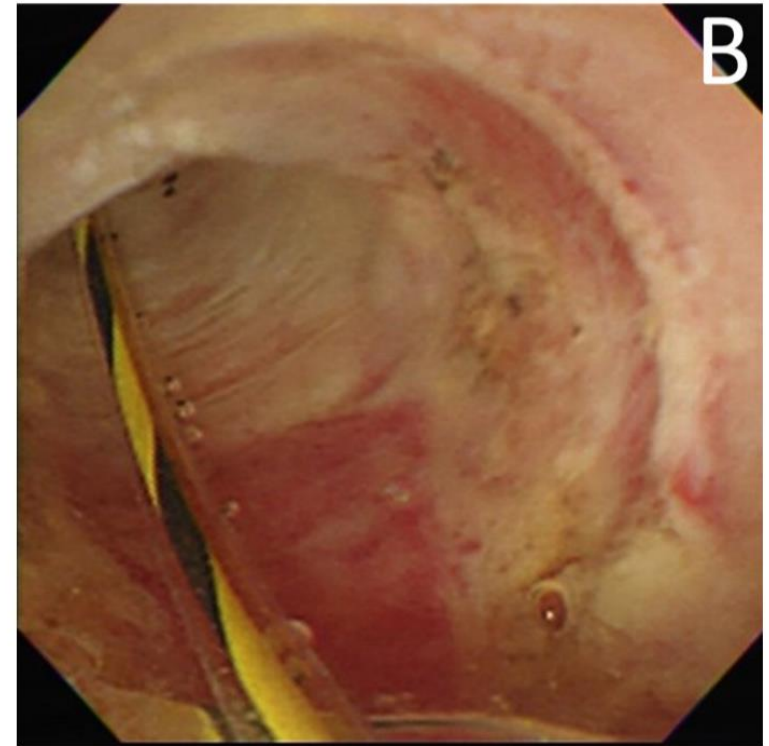
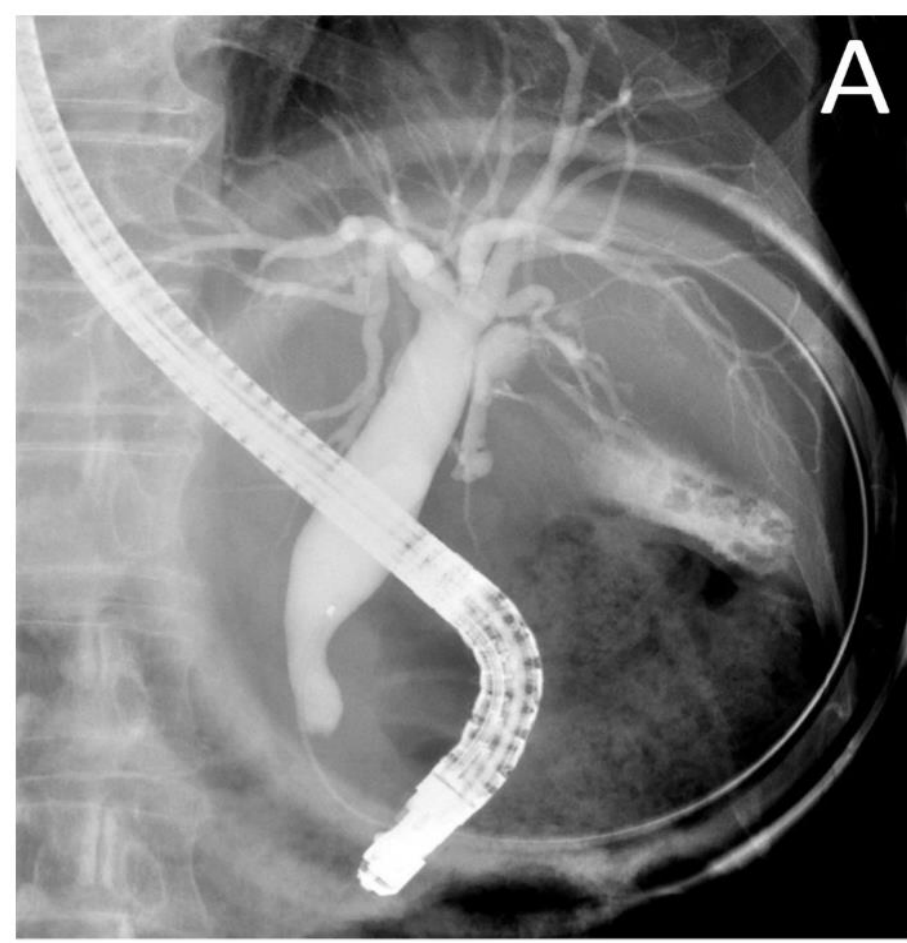


Figure 3 Endoscopic retrograde cholangiopancreatography showing (A) dilatation of extrahepatic and intrahepatic ducts, with stricture at distal common bile duct (CBD), and (B) fibrotic changes at the distal CBD.

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- WHAT NEXT ?

- CT – PNS : MAXILLARY & ETHMOIDAL SINUSITIS
- SERUM IgG₄ – 266 mg/dl
- IgG₄/G Ratio - ↑↑

FINAL DIAGNOSIS

- IgG₄ RELATED DISEASE
 1. PANCREATITIS
 2. PRIMARY SCLEROSING CHOLANGITIS
 3. SIALADENITIS
 4. SINUSITIS
 5. ASSOCIATED WITH AUTOIMMUNE HEMOLYTIC ANEMIA



THANK YOU