Unusual Case of Obstructive Jaundice (Poster).

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Unusual Case of Obstructive Jaundice

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ABSTRACT

Small bowel metastasis from head and neck are very rare. Autopsy studies showed that the most common sites of metastases in head and neck cancer carcinoma are lungs (72%), liver (38.6%), kidney, and adrenal (21% each), bone (23%). Two rather rare sites are heart (12%) and small intestine (7%)[1]. We present an unusual case of obstructive jaundice secondary to metastatic tonsillar cancer to the duodenum that was successfully treated by endscoping stenting.

CASE REPORT

A 60 year old male with a remote history of tonsillar squamous cell cancer (SCC) treated with chemoradiation presents with a three day history of abdominal pain. Three months prior to this presentation he was found to have metastatic SCC in the jejunum which was treated with curative resection. He admitted weight loss of 14 pounds in last 3 weeks due to anorexia. Abdominal exam was very tender to palpitation in epigastric region, but normal bowel sounds. On initial laboratory assessment, he had multiple abnormalities in his liver function panel including AST - 160 U/L, ALT - 218 U/L, Alkaline phosphatase – 281 U/L, Lipase - 10304 U/L, Total Bilirubin - 3.0 mg/dl. Right upper quadrant ultrasound showed biliary sludge. CT abdomen with contrast showed gallbladder distention and mild prominence of the intra-and extra hepatic bile duct. MRI abdomen showed double duct sign. He underwent esophagogastroduodenoscopy (EGD) which showed infiltrative thickening of the duodenal bulb, the second and third portion of the duodenum. Multiple biopsies were taken and he underwent endoscopic retrograde cholangiopancreatography (ERCP) with biliary stent and drain placement. His abdominal pain improved significantly and was discharged in a stable condition. Pathology of the biopsied mass was consistent with metastatic squamous cell carcinoma of tonsil.

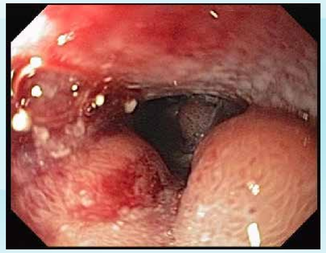

Figure 1: EGD showing infiltrative thickening of the duodenal bulb.

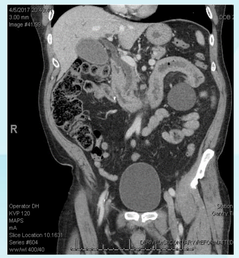

Figure 2: CT abdo/pelvis showing thickening of the duodenum and proximal small bowel.

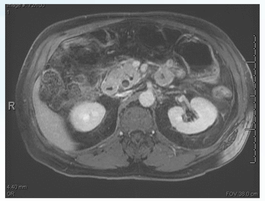

Figure 3: MRI abdomen showed double duct sign.

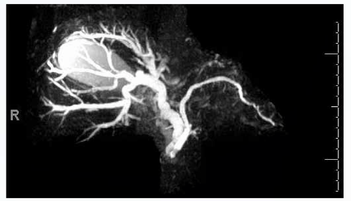

Figure 4: MRCP abdomen showed double duct sign.

CONCLUSION

The most common presentation of head of neck metastasizing to small bowel is gastrointestinal bleeding, perforation, gastric outlet obstructive symptoms but rarely they develop obstructive jaundice. This patient had a history of tonsillar SCC with metastasis to jejunum so suspicion was very high for SCC metastasis. Only twelve cases of small bowel metastasis from head and neck have been reported. The majority of them originate from laryngeal SCC and only one case reported tonsillar cancer metastasizing to ileum[2]. Our case is the first one to illustrate tonsillar cancer with metastasis to the duodenum causing obstructivejaundice[3]. Diagnosis is made through endoscopic biopsy.

References:

1. O'Brien P, Carlson R, Steubner E.A, Staley C.T. Distant metastases in epidermoid cell carcinoma of the head and neck. *Cancer,* 27: 304-307, 1971.
2. Shah JP, Lydiatt W (1995) Treatment of cancer of the head and neck. *CA Cancer J Clin* 45: 352-368.
3. Raghav C. Dwivedi a,*, Rehan Kazi a, Nishant Agrawal b, Edward Chisholm a, Suzanne St. Rose c, Behrad Elmiyeh a, Catherine Rennie a, Christopher Pepper a, Peter M. Clarke a, Cyrus J. Kerawala a, Peter H. Rhys-Evans a, Kevin J. Harrington a, Christopher M. Nutting a. comprehensive review of small bowel metastasis from head and neck squamous cell carcinoma. *Oral oncology.* 2010.01.013.