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Intraductal papillary neoplasm of the bile duct (IPNB) as an uncommon cause of abdominal pain and cholangitis

Stjepan Herceg[a], Lucija Virović Jukić[b]

[a] *School of Medicine, University of Zagreb*
[b] *Department of Gastroenterology and Hepatology, Sestre Milosrdnice University Hospital Center, Zagreb, Croatia*

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Stjepan Herceg 0000-0001-9543-4482, Lucija Virović Jukić 0000-0002-6350-317X

Keywords: bile ducts, cholangiocarcinoma, endoscopic ultrasound (EUS), intraductal papillary, neoplasm, magnetic resonance cholangiopancreatography (MRCP)

INTRODUCTION/OBJECTIVES: Intraductal papillary neoplasm of the bile duct (IPNB) is a relatively new entity characterized by dilation of bile ducts filled with papillary neoplasms, which represents premalignant lesion of cholangiocarcinoma, with common malignant transformation.
CASE PRESENTATION: A 75-year-old woman presented to our Department after an episode of dull epigastric pain radiating into the chest and the back accompanied by fever and cholestatic liver lesion, which was consistent with an episode of acute cholangitis. A CT scan performed before admission showed dilated intrahepatic bile ducts and hyperdense content within the dilated common bile duct 4 cm proximally to duodenal papilla that was suspicious of a neoplasm. Therefore, we performed an endoscopic ultrasound (EUS), which also showed dilated common bile duct, mostly filled with echogenic masses, suspicious of IPNB. During EUS, a fine needle aspiration was performed, and cytological analysis was consistent with adenocarcinoma. To assess the extent of bile ducts involvement, a magnetic resonance cholangiopancreatography (MRCP) was performed, which showed beading and dilation of intrahepatic and both extrahepatic bile ducts including common bile duct, with filling defects forming papillary formations in some places. Furthermore, a hypointense mass was found within the common bile duct, confirming a cytology report and CT finding of the malignant tumor. The patient is now scheduled for surgery of the IPNB associated cholangiocarcinoma of the distal part of the common bile duct.
CONCLUSION: IPNB is a very rare condition and an uncommon cause of cholangitis. Thus, timely diagnosis is important for proper treatment.

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Invasive Fungal Sinusitis Presenting as Unilateral Vision Loss: A Case Report

Lea Jerkić[a], Kristina Lončarić[b]

[a] *School of Medicine, University of Zagreb*
[b] *Clinical Department of Ophthalmology and Optometry, Sestre Milosrdnice University Hospital Center*

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Lea Jerkić 0000-0002-1361-7996, Kristina Lončarić 0000-0003-0928-7952

Keywords: invasive fungal sinusitis, optic neuropathy, sphenoidotomy

INTRODUCTION/OBJECTIVES: Invasive fungal sinusitis is a rare condition mainly affecting the immunocompromised. As a result of the invasion of the optic canal, optic neuropathy and subsequent vision loss can develop.
CASE PRESENTATION: A 76-year-old female presented for an ophthalmologic consultation complaining of a three-week history of vision loss in the right eye. She also had right-sided temporal and periauricular headaches for the last two months. Her medical history was remarkable for diabetes mellitus type II, hyperlipidemia, hypertension, cerebrovascular insult with right hemiparesis, internal carotid artery stenosis and stage III B-cell chronic lymphocytic leukemia. The ophthalmic history was remarkable for cataract surgery and nonproliferative diabetic retinopathy. Her best-corrected visual acuity at presentation was 0.125 in the right eye and 1.0 in the left eye with a positive right relative afferent pupillary defect. Ophthalmoscopic examination revealed right optic disc pallor. Optical coherence tomography of the optic nerve head, visual field tests, and neuroimaging were performed. Computed tomography revealed a right sphenoid sinus filled with hyperdense mass, sclerotic bony walls with erosion, and discontinued sphenoid septum, central wall, roof, and medial optic canal which was indicative of chronic invasive fungal sinusitis. The patient underwent sphenoidotomy to remove the mycotic mass. The patient's vision did not recover.
CONCLUSION: The diagnosis of invasive fungal sinusitis should be suspected in predisposed patients with sinusitis and vision loss or ophthalmoplegia. Due to delays in the diagnosis, it is often too late to save or improve the vision.