

Case Presentation

**IBD Interest Group
8 June 2019**

Dr Tendai R Machiridza

Clinical Case

- Mrs EP 50 year old woman married, 4 children
- Unemployed
- Non-smoker, no alcohol
- Brother with CD

- Diagnosed with Crohn's disease in 1986
- Pan-colitis
- Normal terminal ileum
- No perianal CD

Complications since diagnosis

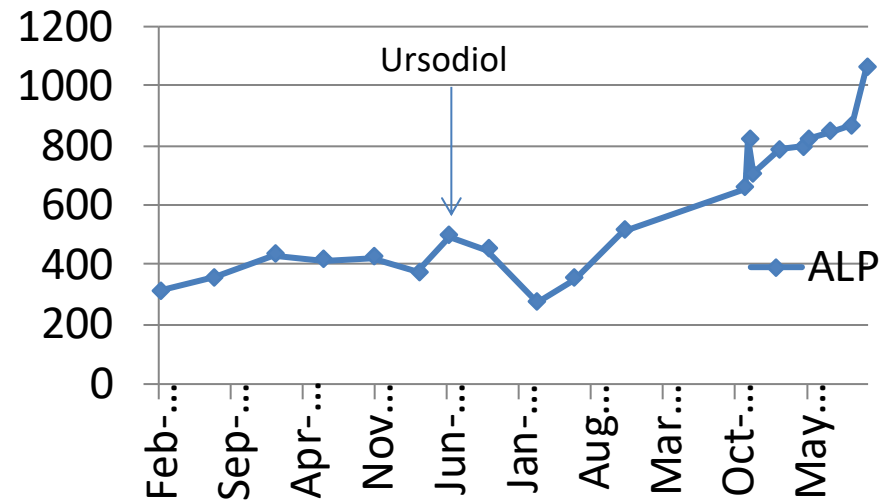
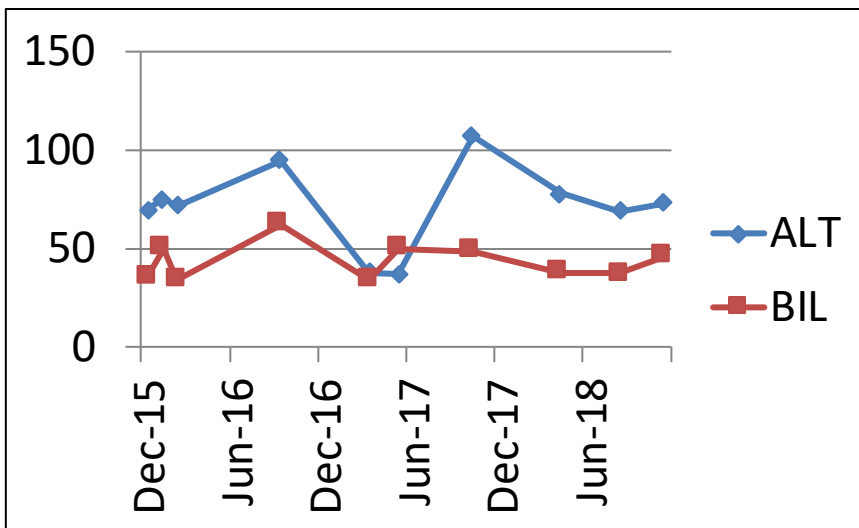
- Pyoderma gangrenosum (abdominal wall): 1991
- Scleritis
- Gallstones and renal calculi
- Diabetes mellitus (2001): glucocorticoid induced
- NAFLD
- Osteoarthritis of the lumbar spine

Intrahepatic PSC

- Diagnosed in 2000
 - ERCP showed normal extra-hepatic bile ducts
 - Poor filling of intrahepatic ducts
- Liver biopsy: inconclusive
- Negative autoimmune markers (ANF, ASMA, AMA, LKM)
- Negative Hep A, B and C

Issues in management

- IBD management: GIT clinic
- PSC treatment and monitoring: liver clinic



PSC and cancer

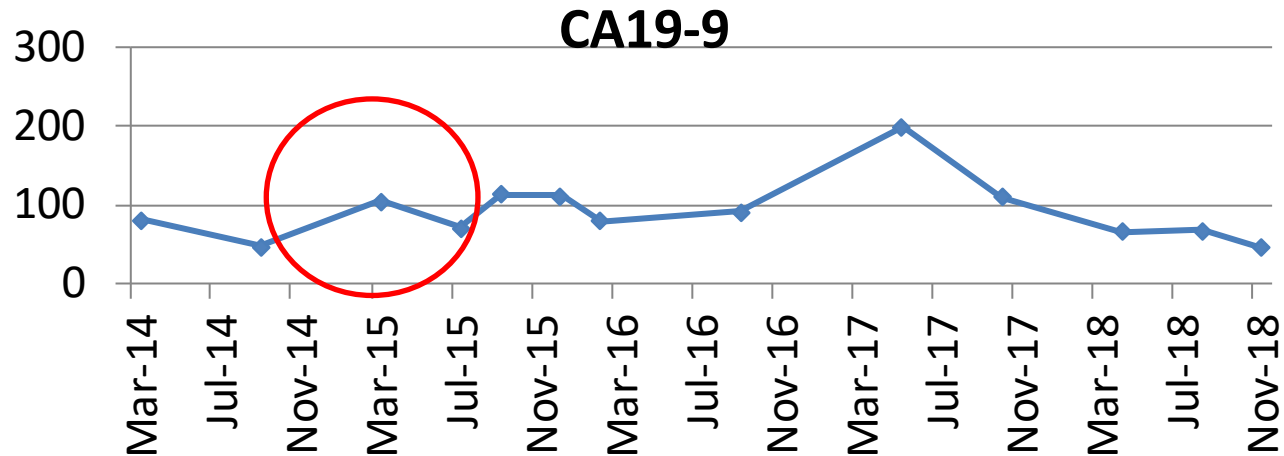
- Cancer surveillance
 - Colorectal cancer
 - Gall bladder cancer
 - Cholangiocarcinoma

Colonoscopy surveillance for CRC

Date	Endoscopy	Histology
2013	Mild chronic inflammation Pseudo-polyps	No dysplasia
2015	Quiescent colitis Occasional pseudo-polyps DC	Mild active colitis Negative for dysplasia
2017	Pseudo-polyps No active colitis	Chronic active colitis No dysplasia

Possible cholangiocarcinoma

- 2015 she developed 20kg weight loss



- MRCP and CT raised concerns about a hilar cholangiocarcinoma

Work up

- Multidisciplinary team

- HPB

- GIT

- Liver

- ERCP and FNAB: cholangiocarcinoma could not be excluded
- It was felt that fluctuating tumour markers were atypical
- However patient not for surgery due to comorbidities
- Clinical follow up and palliation

Serial imaging

Date	Imaging	Indication	Findings
April 2018	US	Surveillance	Soft tissue GB lesion suggestive of polyp
7 August 2018	MRCP	Surveillance	No change in GB polyp Multiple GB stones Intrahepatic dilatation No change in bile ducts appearance

2017-2019

- Diagnosis of 'cholangiocarcinoma' was queried
- No clinical progression
- Static/fluctuating tumour markers
- Inconsistent radiology

March 2019

- Admitted with significant weight loss
- Left sided chest pain
- Exertional dyspnoea

- GU symptoms
 - Haematuria and dysuria
 - Urine grew E coli

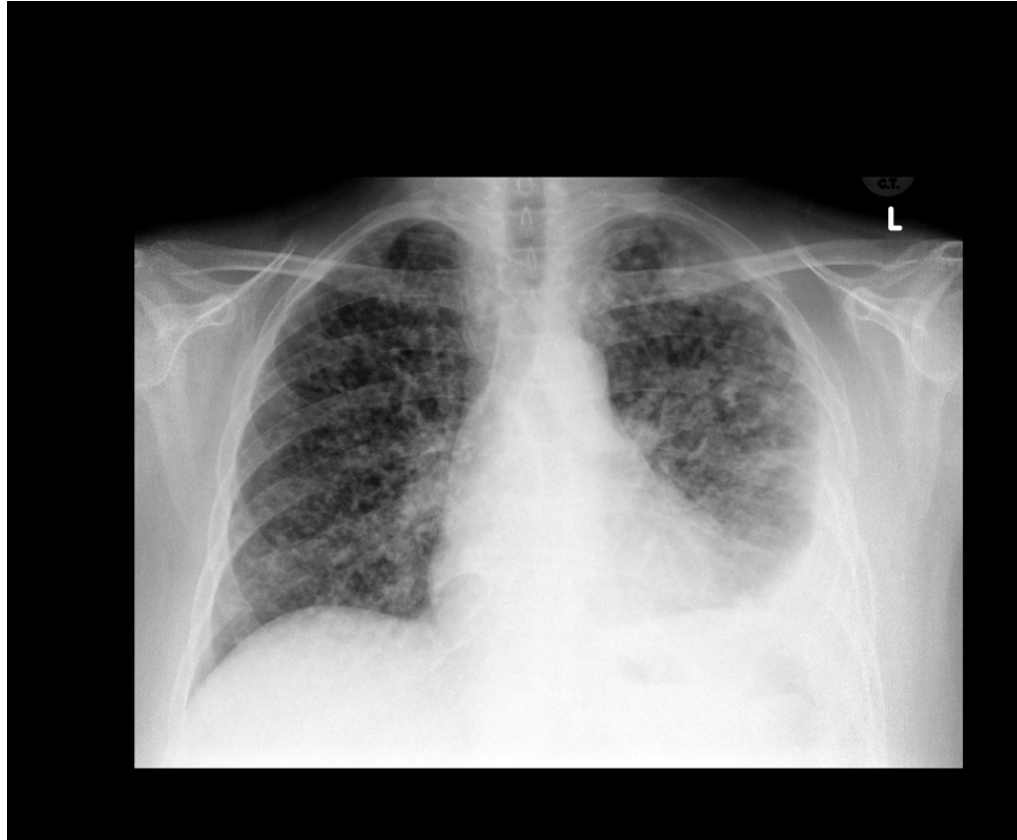
Medication

- Azathioprine (200mg/day)
- Prednisone (10 - 30mg)
- Ursodeoxycholic acid (250mg tds)
- Metformin (1g bd)
- Insulin (80 units/day)
- PPI
- Vitamin D
- Calcium

Lab investigations on admission

- ALT 25
- AST 15
- ALP 1549
- GGT 1530
- BIL 39
- ALB 24
- CA19-9: 129
- AFP 0.9
- WCC 10.37
- HB 8.2
- PLT 769
- CRP 197
- Iron studies showed ACD
- HIV negative
- Calcium 2.08

CXR in the ward



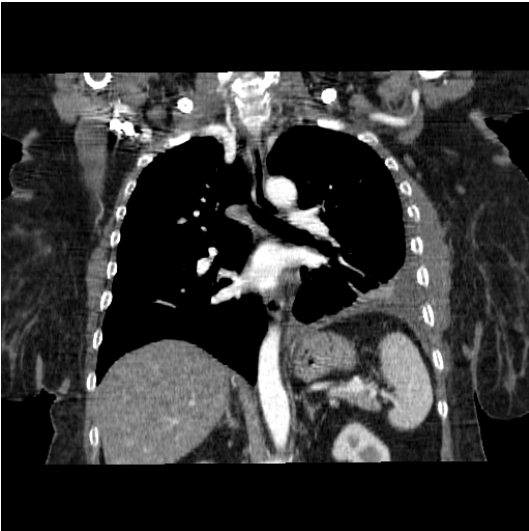
Sputum: ZN negative for *Mycobacterium tuberculosis*
PCR negative

CT scan chest and abdomen



Chest

- Destruction of 2nd left rib
- Associated soft tissue mass measuring 40x30mm
- 3rd and 4th rib also involved



Abdomen

- GB calculi
- Dilated biliary tree
- GB polyp
- No metastases

Differential diagnosis

Likely a non-benign lesion related to her PSC

- Metastatic cholangiocarcinoma
 - Metastatic CRC
 - Metastatic gallbladder cancer
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- Osteosarcoma
 - Soft-tissue sarcoma

Diagnosis

- FNAB of soft tissue mass
 - Mixed inflammatory infiltrate
 - Negative ZN stain
 - Negative fungal or parasitic staining
 - No cellular atypia or malignancy

Caseating granulomas

Pleural aspirate
PCR positive for MTB
Sensitive to RIF

Further management

- Immunosuppression stopped (AZA, Prednisone)
- Full anti TB treatment
- One month of treatment:
 - ALP – 275
 - GGT – 244
 - ALT – 20
 - AST – 27
 - ALB – 35
 - BIL – 222 (stone in CBD)

Conclusion

- We present a case of complicated CD
- PSC
- On profound immunosuppression
- Presenting with features of a NBL
- Diagnosed as TB

The great imitator should always be considered in the differential diagnosis