Interactive case report

Abnormal liver function found after an unplanned consultation: case outcome

James Heathcote

South View Lodge,
South View,
Bromley, Kent
BR1 3DR

James Heathcote
general practitioner

james.heathcote@
gp-G84001.nhs.uk

This is the final part
of a three part case
report, which
describes the
outcome and
summarises the
comments made by
readers during the
case presentation

BMJ 2004;329:500-3

Four weeks ago (31 July, p 273) we presented the case of Mrs Prior, a 40 year old woman with cystitis, itching, and rash. When her biochemical results showed raised liver enzyme concentrations, her general practitioner was advised to refer her for ultrasonography and an autoantibody test (7 August, p 342). The scan suggested the possibility of hepatic infiltration but the autoantibody screen gave negative results.

Her general practitioner faxed an urgent letter (not a cancer referral) to the consultant, detailing the case history. Nine days later, Mrs Prior was seen in the hospital outpatient department. By then, the jaundice was

already fading and her liver enzyme concentrations had improved (alkaline phosphatase 588 U/l, γ -glutamyl transferase 686 U/l, and aspartate aminotransferase 74 U/l), although her total bilirubin concentration had risen (193 μ mol/l).

The specialist registrar made a presumptive diagnosis of symptomatic gall stone disease and requested urgent computed tomography of the abdomen and endoscopic retrograde cholangiopancreatography. The computed tomography showed a dilated biliary tree with stones in the gall bladder and multiple large stones packed into the lower common bile duct (figure). There was no evidence of neoplasm.

At endoscopic retrograde cholangiopancreatography, a 12mm sphincterotomy was performed with a bow string papillotome. Biliary stones were partially extracted with a balloon catheter and a pigtail biliary stent was inserted.

A large stone remained stuck in the lower end of the common bile duct, which did not move despite a second endoscopic retrograde cholangiopancreatography. Mrs Prior therefore later had an open cholecystectomy with exploration of the common bile duct, from which she has recovered well. One year after presentation, Mrs Prior remains well and itch free, with normal thyroid and liver function test results and full blood count.

Competing interests: None declared.

Computed tomogram showing stones in the gall bladder

Commentary: Patient's experience

Denise Prior with the support of James Heathcote

South View Lodge,
South View,
Bromley, Kent
BR1 3DR

James Heathcote
general practitioner

james.heathcote@
gp-G84001.nhs.uk

It's not often that I'm ill and I had no intention of saying anything, but Bill brought it up for me because I wouldn't.¹ Nineteen years ago I'd gone to my previous GP with bad stomach pains, and he just told me that it was an ulcer, so I always put it down to an ulcer. We sometimes had the odd glass of wine together in the evening, but not every evening, so it wasn't alcohol causing my pain. My Nan had skin problems, and I've dealt with cystitis before, so it didn't seem worth mentioning.

I never really thought I was ill, but the palms of my hands and the soles of my feet were driving me round the twist. I could have used a wire brush on them. It was so deep down I was making myself bleed, but I was scared: "What if something happened to me—what would happen to Bill and the kids?" He wouldn't have coped.

When my GP phoned and asked me to have more blood tests done, I thought, "Why?" and Bill asked, "Why?" It's very unusual for a doctor to call, so you think, "Hang on, what's happening? It can't be much. I

don't feel ill." All sorts of things go round in your mind, but I didn't think cancer until I turned yellow. My son noticed it first in my eyes, but Bill was too scared to say anything. "Once you turn yellow," he thought, "it's cancer, and once you're opened up, the cancer takes over your whole body."

I wanted to be told the truth. Every doctor except my GP said, "It's very serious," but they wouldn't say, "You're not going to die" or "It's an everyday operation." I kept being told, "You've got the best surgeon" but they couldn't tell me, "You'll be alright." Why couldn't they tell us before the operation that gall bladders are removed every day? It was very scary. It was out of our control—something that had to be done. Bill said, "I can always do something to make things right, but not this one." One doctor spoke to both of us but looked between us and said, "This is a life threatening operation." When Bill asked, "How life threatening is life threatening?" he said, "You're just a partner. You'll have to ask the surgeon."