- A 60 year old female Mrs. Soniya, who is a homemaker coming from Ambattur belonging to low socioeconomic class came with chief complaints of

  yellowish discolouration of eyes for the past 2 months

History of presenting illness:

Patient was apparently normal 2 months back after which she noticed

Yellowish discolouration of the eyes

- 2 months
- insidious in onset
- intermittent
- not associated with abdominal pain

H/O itching – 2 months

- insidious in onset
- intermittent
- all over the body
-more over the abdomen

- h/o passage of high coloured urine – 2 months , intermittent
- h/o passage of clay coloured stools – 2 months,
- Intermittent
- h/o loss of weight & loss of appetite
- h/o fatigue

  No h/o vomiting
- No h/o diarrhoea/ constipation
- No h/o hemetemesis
- No h/o melena

- no h/o abdominal distension
- no h/o swelling of legs
- no h/o altered sleep pattern
- no h/o dyspepsia
- no h/o ball rolling movements
- No h/o passage of worms in stools

Past history:

No h/o similar complaints in the past

No h/o previous surgeries

No h/o Diabetes mellitus, hypertension, Asthma, Tuberculosis, Epilepsy

- No h/o chronic drug intake
- No h/o blood transfusion
- No History of tattooing
- No h/o allergic to foods or drug

Personal history:

She consumes non-vegeterian diet

Normal bowel & bladder habits

Not a smoker or alcoholic

No iv drug abuse

No h/o pets

Family history:

No similar complaints in the family

General Examination:

Patient is conscious, oriented, moderately built & nourished.

No pallor

Icterus present

No cyanosis/clubbing/pedal edema/ Generalized lymphadenopathy

Head to foot examination :

- Yellowish discolouration of Sclera, soft palate, undersurface of the tongue, skin
- scratch marks seen over the abdomen
- No signs of liver cell failure like
  alopecia, madarosis, palmar erythema, dupuytrens contracture,spidernaevi
- No flapping tremors

Vital signs:

- Pulse: 74/min, normal- Rhythm, volume, character, no radio-radial/ radio-femoral delay, all peripheral palpable pulses are felt, no vessel wall thickening.
- Blood pressure:120/80mmHg
- Respiratory rate: 14/min
- Afebrile

Inspection:

After getting consent from the patient & explaining the procedure , patient cloth is stripped from the level of nipple to mid thigh and examined in bright light.

Abdomen is normal in shape

not distended

umbilicus in mid line

- Flanks free
- All quadrants move equally with respiration
- No scars, sinuses, dilated veins
- No visible pulsations
- No VGP/VIP
- Hernial orifices are free
- External genitalia normal
- Renal angle – no fullness
- Supraclavicular area – no fullness

Palpation:

Patient examined with legs semiflexed

- Not warmth, not tender
- A globular swelling of size 4 x 4 cm palpable in the Right hypochondrium which extends 5cm from costal margin & 4 cm from midline

firm in consistensy

surface – smooth

margins – well defined, upper limit continues with liver

- Moves with respiration
- Moves side to side
- Unable to insunuate finger between the swelling & costal margin
- Liver is palpable 3 cm below the costal margin, firm in consistency, surface smooth, margins well defined
- Murphy's sign - Negative
- No other palpable mass
- No muscle rigidity & gaurding

- No fluid thrill
- Renal angle – normal
- Left supraclavicular nodes – no palpable nodes

Percussion:

- Dull note heard over the region of swelling
- Liver dullness starts at right 5th intercostal space in midclavicular line
- Liver span 17 cm
- No shifting dullness

Auscultation:

Normal bowel sounds heard

no arterial bruit

no venous hum

Other system examination

- CVS: s1, s2 heard, no murmurs
- RS: normal vescicular breath sounds heard, no added sounds
- CVS: no focal neurological deficit
- Spine & cranium normal

Diagnosis:

A case of obstructive jaundice probably due to periampullary carcinoma

Investigations:

Baseline investigations:

Complete hemogram: TC, DC, Hb%, ESR

Blood grouping & typing

BT & CT

Blood – sugar, urea, Serum creatinine

X-ray chest

ECG

Specific Investigations:

LFT: serum bilirubin (direct & indirect)

Serum proteins, A:G ratio

Prothrombin time

Liver enzymes – AST, ALT, ALP, GGT

Urine : bile salts, bile pigments, urobilinogen

USG abdomen

CT abdomen

MRCP

Endoscopic ultrasound

ERCP

PTC if ERCP fails

CA 19-9

CT/MR angiogram or venogram

Treatment:

Whipple's operation (Radical pancreaticoduodenectomy with triple anaestamosis)

Removal of tumour with head & neck of pancreas, C loop of duodenum, distal stomach, lower end of common bile duct along with removal of peripancreatic, perihepatic, pericholedochal, para duodenal nodes.

- Continuity is maintained by choledochojejunostomy, pancreaticojejunostomy & gastrojejunostomy.