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Introduction

Deranged liver function is a common problem encountered in primary care. This abstract presents a patient with an uncommon cause.

The Case

A 70-year old woman with hypertension and hyperlipidaemia attended a GOPC complained of a 1-month history of on and off right upper quadrant pain. It was not related to food intake. Her appetite was slightly affected. There was no weight loss. Her bowel opening and urination were normal. Physical exam was unremarkable. Liver function test (LFT) arranged the next day showed elevated AST to 500U/L (Ref: 15-37), ALT to 678U/L (Ref: 8-45) and ALP to 922U/L (Ref: 47-124) whilst the bilirubin was normal. In view of the grossly abnormal LFT, the patient was referred for hospital admission.

Result

A panel of investigations was performed: HBsAg, Anti-HAV, Anti-HCV, Anti-HEV, toxicology screen, Cytomegalovirus pp65 Ag and EBV VCA Ab were all negative. Her CA 19.9 and CEA were normal. Yet, her IgG4 was elevated to 4.433g/L (Ref:0.090-1.460). USG HBP showed swollen pancreas with heterogeneous hypoechoic parenchymal echogenicity, ?pancreatitis and dilated common bile duct. EUS-guided FNAC of the pancreas was in vain due to inadequate tissue obtained. ERCP showed no filling defect. Papillotomy and stenting were performed. Biopsy of the ampulla was negative for malignancy. The diagnosis was confirmed to be IgG4 pancreatitis and sclerosing cholangitis. The patient's liver function improved after the ERCP. Patient was put on oral prednisolone and her LFT further improved afterwards.

Discussion

IgG4-related disease is an immune-mediated fibroinflammatory condition that is capable of affecting multiple organs. Autoimmune pancreatitis and sclerosing cholangitis were common forms of the disease presentation. The differentiation of the condition from pancreatic adenocarcinoma is sometimes difficult on the basis of clinical presentations. Gastroenterologists' expertise is definitely needed for diagnosis.

Conclusion

Family physicians should be alerted to the clinical presentations of IgG4-related disease.

Reference

1. Haralampos M Moutsopoulos, George E Fragoulis & John H Stone. Pathogenesis and clinical manifestations of IgG4-related disease [Internet]. UpToDate Topic 16155 Version 25.0 [Last updated 2022 August 18; cited 2023 May 28]. Available from: https://www.uptodate.com/contents/pathogenesis-and-clinical-manifestations-of-igg4-related-disease?topicRef=5657&source=see_link