

中文題目：成功以類固醇合併膽囊引流術治療 IgG4 胰臟炎造成之嚴重阻塞性黃疸

英文題目：Severe obstructive jaundice by IGG4 pancreatitis successfully treated with steroid and PTGBD

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Background:

IgG4-related disease (IgG4-RD) is an immune-mediated inflammation and/or fibrosis status involved pancreas, biliary tracts and possible other organs. It was predominantly prevalent in old-aged Asian male. Sometimes, a patient might be misdiagnosed as pancreatic or cholangial malignancy with further surgery operation, however, IgG4 pancreatitis/cholangitis could be treated by steroid. Herein, we present an IGG4 pancreatitis case with the initial presentation of severe jaundice.

Method (Case Presentation):

This 72-year-old patient who had underlying of rectal cancer, adenocarcinoma, and post right hemicolectomy and proctosigmoidectomy, BPH (benign prostatic hyperplasia) s/p (status post) prostatectomy, chronic unspecified ischemic heart disease, Type 2 diabetes mellitus without complications, Hypertension, hyperlipidemia, and renal stone. He has persistent painless jaundice (bilirubin level = 22 mg/dl) over the limbs and trunk, which he has no previous experienced, poor appetite with the abdominal fullness over the upper abdomen, unintentional weight loss for 5-6 kilogram in one month. Firstly, we arranged the percutaneous transhepatic gallbladder drainage for jaundice relieving and then added daily 40mg methylprednisolone intravenously for 4 days, and finally tapered to oral prednisolone 20mg per day gradually in the following 4 weeks. Hyperbilirubinemia was reduced dramatically and he was discharged with outpatient clinic follow-up.

Results & Outcome:

The sectional images show a typical "sausage-like" pancreas. The bilirubin subsided with glucocorticoid treatment and IgG4 pancreatitis was confirmed by endoscopic ultrasound-guided biopsy. We prevent the unnecessary surgical intervention by medical and drainage therapy. This may be a good strategy for approaching a patient with the similar clinical scenario.

