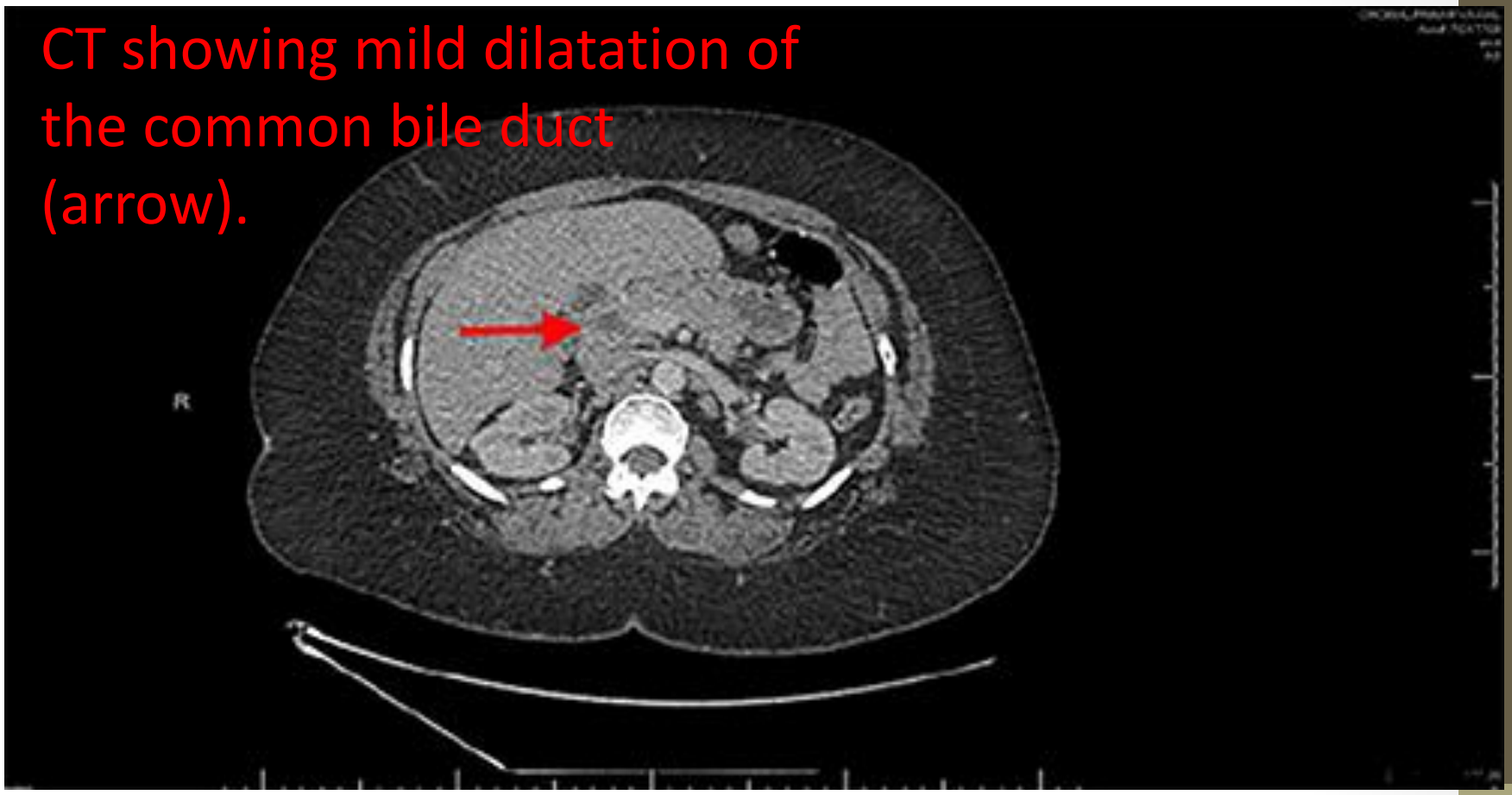
A 65-year-old African-American female with a past medical history of chronic obstructive pulmonary disease, type 2 diabetes mellitus, and Sjögren's syndrome presented to our hospital with complaints of abdominal pain associated with jaundice, dark-colored urine, and light stools for 1 week. The patient described the abdominal pain as aching, throbbing, located in the epigastric region, and radiating upward substernally. She denied any other symptoms including fever, chills, chest pain, diarrhea, or constipation.

She had quit smoking 23 years ago and denied any significant weight loss, flu-like symptoms, recent ravel, alcohol use, or previous liver disease.

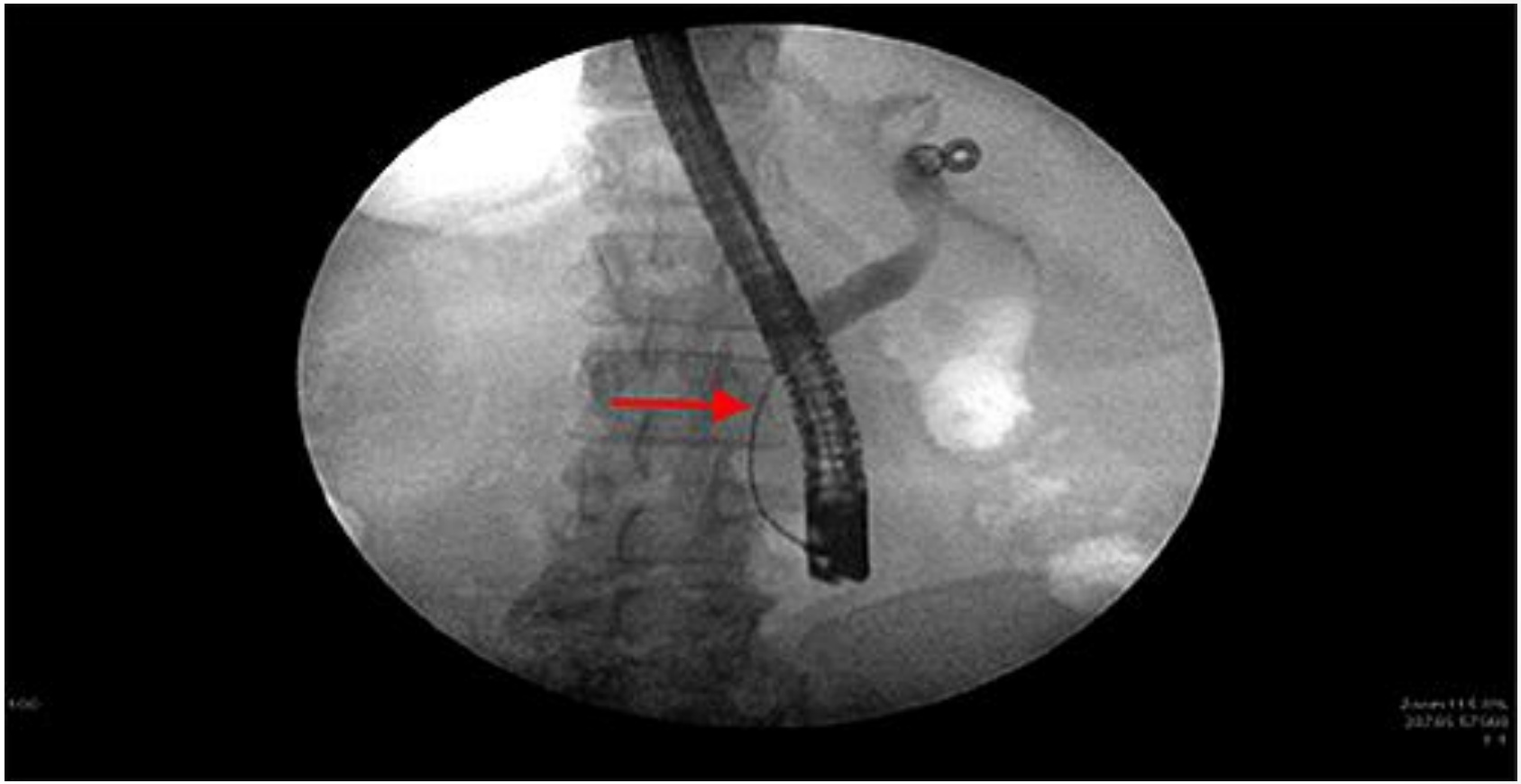
the patient was afebrile but tachycardic with a heart rate of 116 bpm. Physical examination revealed a soft abdomen, nondistended, tender in the epigastric region, no hepatosplenomegaly, and normoactive bowel sounds.

Total bilirubin 3.4 mg/dl,
alanine transaminase (ALT) 227 U/l,
aspartate transaminase (AST) 207 U/l,
alkaline phosphatase (ALK P) 203 U/l
lipase 1148 U/l,
white blood cell count of 6.7 K/µl
Urine analysis was positive for bilirubin.
Hepatitis B and C were negative.

CT showing mild dilatation of the common bile duct (arrow).



ERCP showing a distal biliary stricture (arrow).

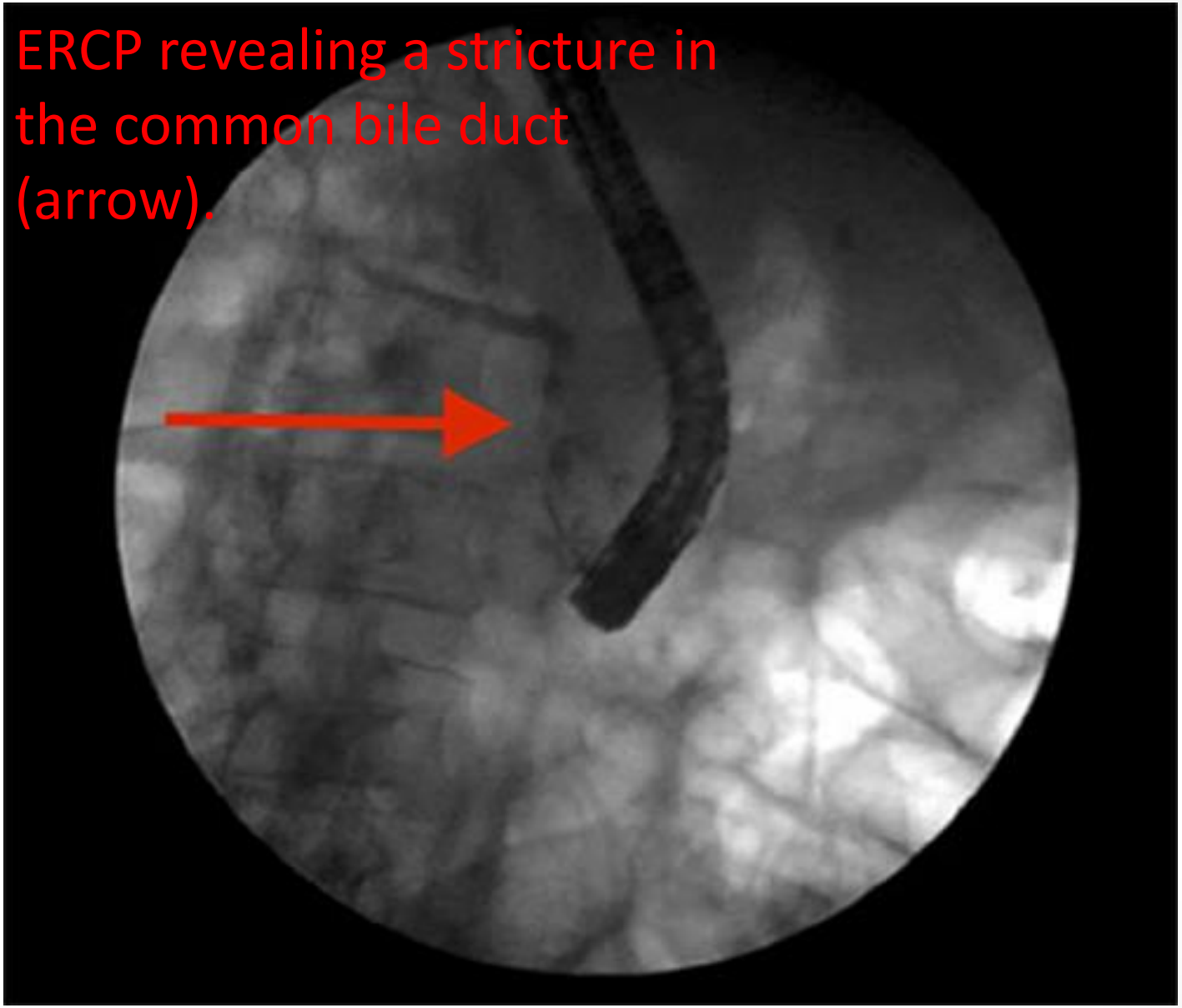


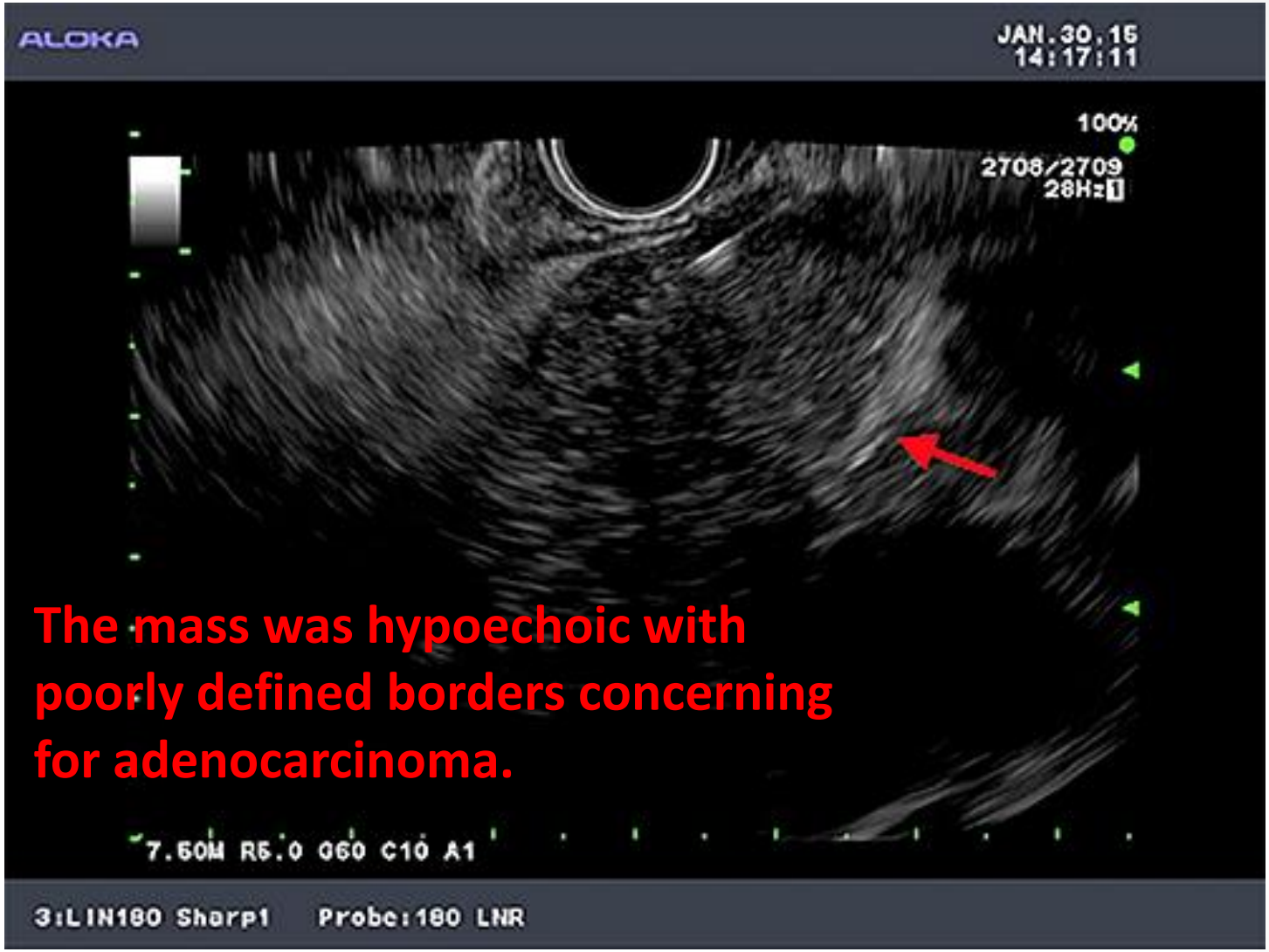
Sphincterotomy and brush biopsy were done and a 10-Fr stent was placed. Pathology was read as benign ductal epithelium with inflammation.
She later underwent an uncomplicated cholecystectomy which showed no stones on pathology and was discharged home in stable condition.

Two months later, repeat ERCP was done for stent removal at which time a partially occluded stent in the biliary tree was noted

Follow-Up

Her liver function tests (LFTs) continued to be elevated with a total bilirubin 1.6 mg/dl, ALT 165 U/l, AST 253 U/l, and ALK P 461 U/l. Labs including antinuclear antibodies and smooth muscle antibodies were normal. Erythrocyte sedimentation rate (ESR) was 56 mm/h (normal 0–30 mm/h). Other labs including IgG4 were elevated at 761.0 mg/dl (normal 7–89 mg/dl) and gamma globulin, serum protein electrophoresis was 2.19 g/dl (normal 0.70–1.6 g/dl).


ERCP revealing a stricture in
the common bile duct
(arrow).


ALOKA
JAN.30,15
14:17:11
100%
2708/2709
28Hz
The mass was hypoechoic with poorly defined borders concerning for adenocarcinoma.
7.50M R5.0 G60 C10 A1
3:LIN180 Sharp1
Probe:180 LNR

Fine-needle aspiration/core biopsy as well as cytology and biopsy from the biliary stricture did not reveal any malignancy but did show 120 IgG4 cells per high-power field

Autoimmune Pancreatitis: A Case of Atypical Radiographic Findings

She was started on high-dose prednisone with significant improvement in her symptoms and improvement in the stricture on ERCP leading to stent removal. Repeat labs revealed complete normalization of LFTs with total bilirubin 0.3 mg/dl, direct bilirubin <0.1 mg/dl, AST 18 U/l, ALT 35 U/l, and ALK P 131 U/l. IgG-4 levels also decreased to 174 mg/dl.