

The case of the Yellowing Man: Uncovering the Etiology of Acute Painless Jaundice

Dr. Bridget Peters, DO, PhD

Christiana Care, Wilmington Family Medicine

Delaware Mini Medical School Presentation

Thursday, May 1, 2025



Clinical Overview

72-year-old male with history of morbid obesity, hyperlipidemia, hypertension, all well controlled

Presenting Symptoms: 1 week of worsening fatigue, yellowing skin

Denies any abdominal pain, blood in stools, no chest pain

Initial findings: EKG normal, elevated liver function tests

- **Social History: Social ETOH use, no tobacco use, no regular aspirin/NSAIDs**

INTRODUCTION

•Vital signs: BP 140/75, HR 78, T 37

Physical exam:

- No abdominal tenderness
- Yellowing of the skin and sclera (jaundice)
- No hepatomegaly or palpable masses detected on physical exam

TODAY, YOU WILL...

●

**Identify the key
hepatic labs, possible
hepatic (liver
pathologies) and
hopefully have fun**

●

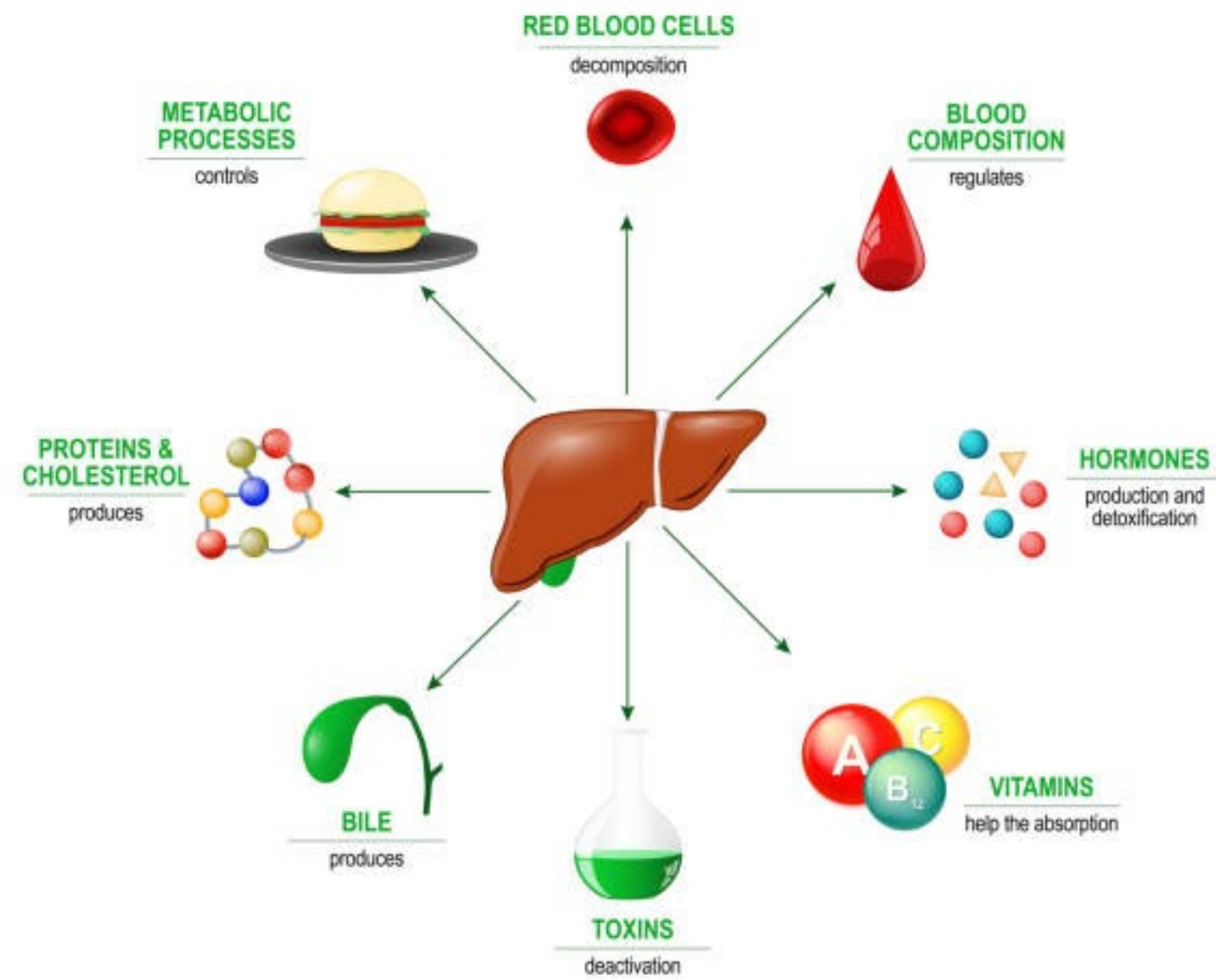
**Learn basic anatomy
and function of the
liver**

●

●

**Again, lastly
hopefully have fun
learning!**

Functions of the healthy liver



Lab Results

Elevated liver function tests (LFTs):

- AST, ALT, ALP, and bilirubin levels
- Any other important lab work? (Think about what the liver does)

Liver Enzymes:

3.3

AST

150

ALT

475

ALP

18.2

Bilirubin



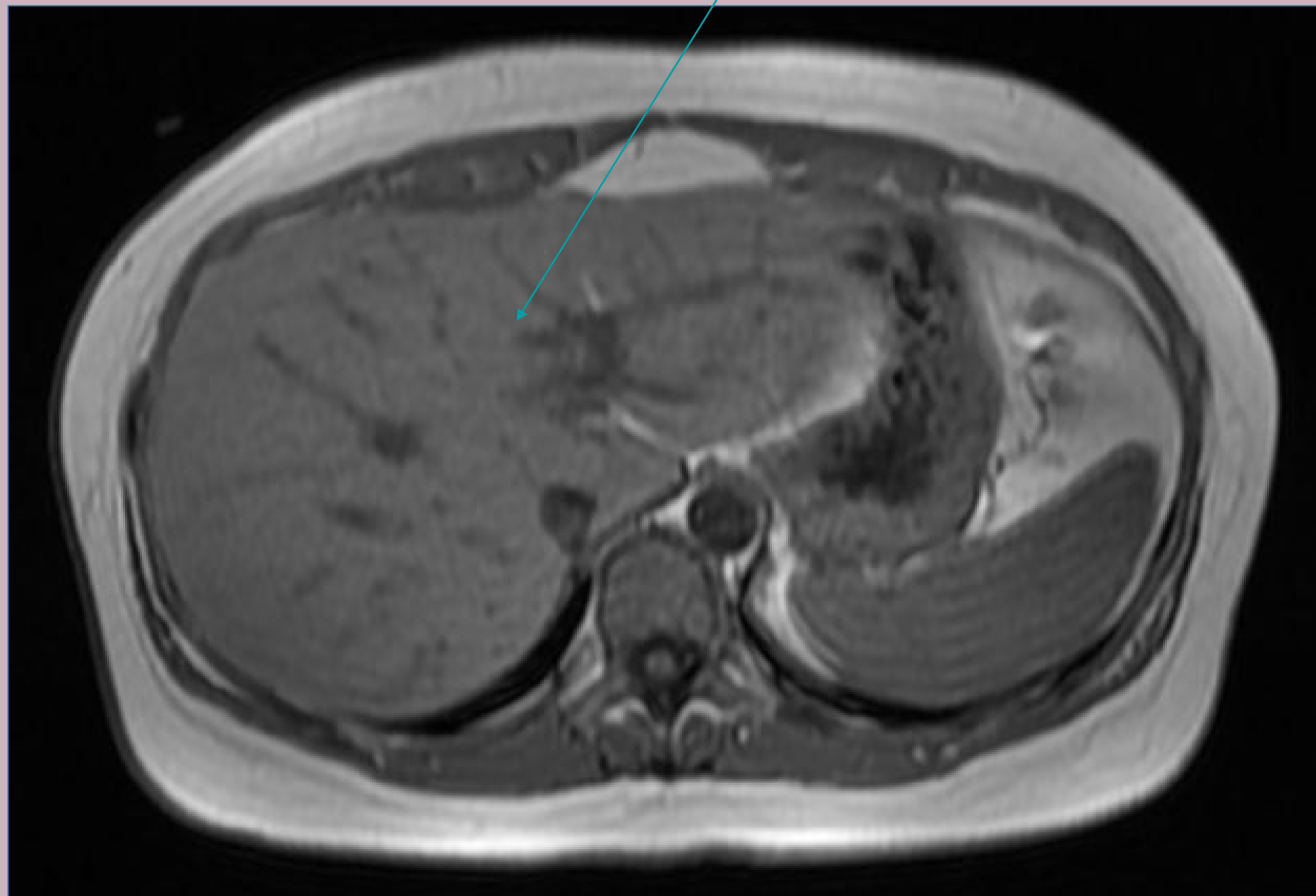
Additional Labs

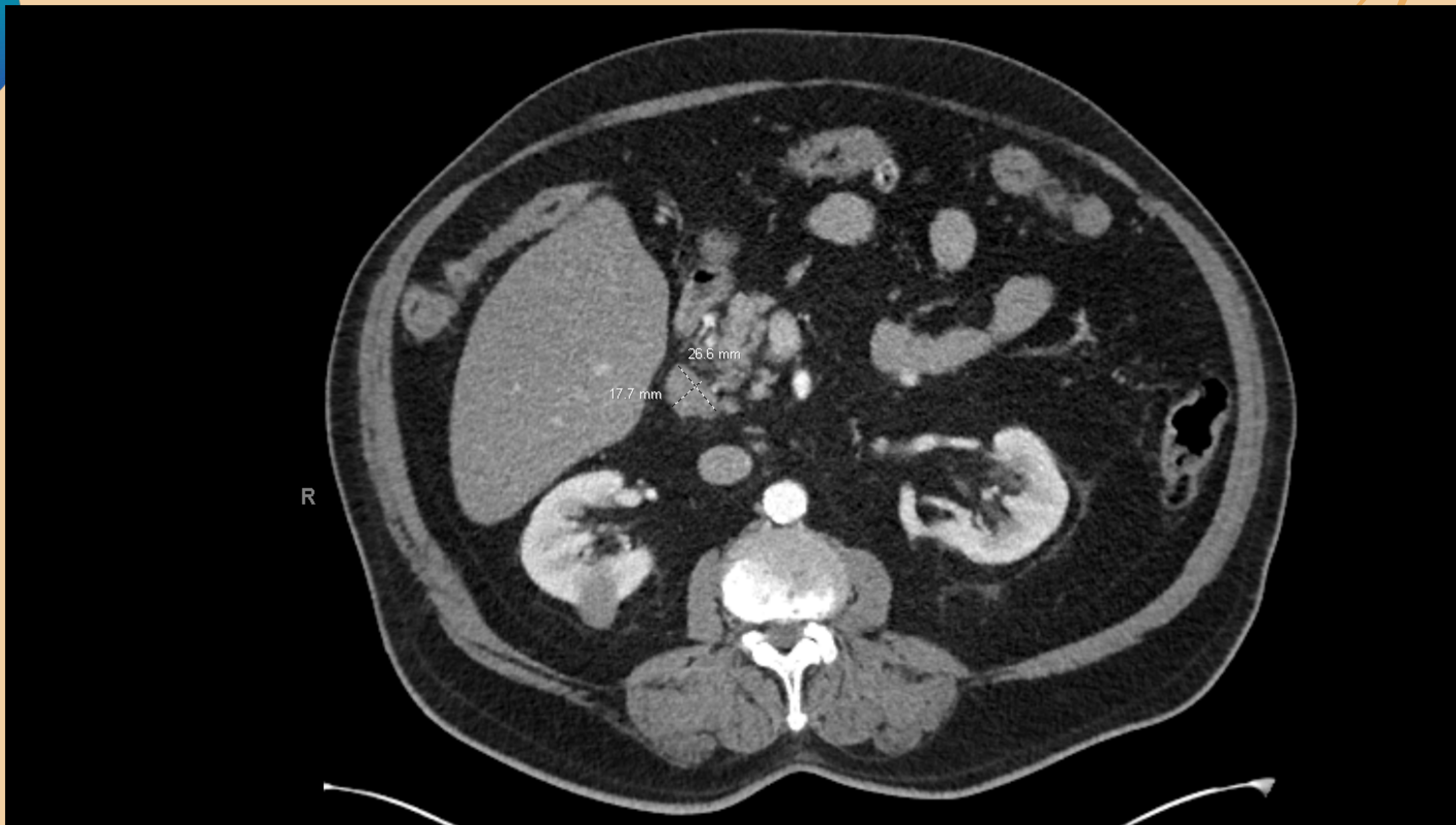
CBC: normal

BMP: normal



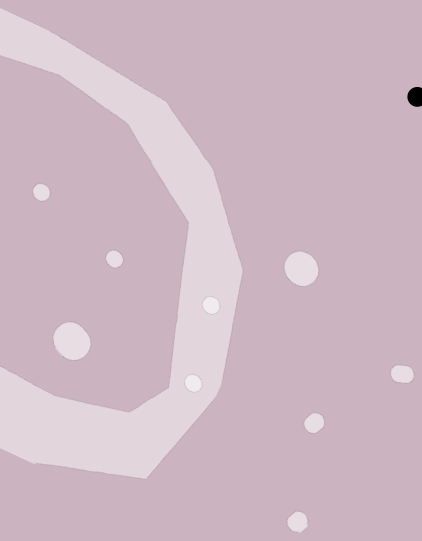

Normal Liver MRI







Differential Dxs

- **Cholangiocarcinoma (primary consideration)**
 - **Hepatocellular carcinoma (HCC)**
 - **Metastatic liver cancer**
 - **Gallbladder carcinoma**
 - **Pancreatic cancer (due to possible bile duct involvement)**
- 
- 



Suspected Diagnosis: Cholangiocarcinoma



- Overview of cholangiocarcinoma: A malignancy of the bile ducts
- Risk factors: Age, chronic liver diseases, primary sclerosing cholangitis, etc.
- Common presentation: Jaundice, fatigue, weight loss, and hepatomegaly
- Importance of confirming diagnosis with biopsy and/or MRCP (magnetic resonance cholangiopancreatography)

Management Plan

- **Biopsy:** To confirm diagnosis (either percutaneous or endoscopic biopsy)
- **Staging:** MRI or MRCP for assessment of local invasion and metastasis
- **Treatment options:**
 - **Surgical resection** (if localized and resectable)
 - **Chemotherapy and/or radiation therapy** (for advanced disease)
 - **Palliative care options** (for unresectable cases)

Prognosis and Outcomes

- **Prognosis for cholangiocarcinoma: Poor survival rates, especially with late-stage diagnosis**
- **Survival rates by stage: Stage I, II, III, IV**
- **Importance of early detection and intervention**

Discussion

- Challenges in diagnosing cholangiocarcinoma (similar symptoms to other liver diseases)
- Importance of imaging and lab results in guiding diagnosis
- Role of multidisciplinary care (oncologists, hepatologists, surgeons)



Summary

- A 72-year-old male with jaundice, fatigue, elevated LFTs, and liver mass on CT
- Suspected diagnosis: Cholangiocarcinoma
- Management includes biopsy, staging, and treatment based on tumor resectability
- Prognosis depends on stage at diagnosis

