Management of cholestasis in unusual social conditions: a case report

A.V.Antoci^{1,2}, A. Coroleuca^{1,2}, A. Poparlan¹, D. Pacurar^{1,2}

1. Emergency Hospital for Children “Grigore Alexandrescu”, Bucharest

2. “Carol Davila” University of Medicine and Pharmacy, Bucharest

INTRODUCTION

Cholestasis is still a significant cause morbidity and mortality in young infants. Establishing diagnosis and management may turn out more challenging than expected.

CASE REPORT

A two and a half months old infant was transferred in our clinic for:

- persistent jaundice
- pale stools
- dark urine.

PHYSICAL FINDINGS

- hepatosplenomegaly
- failure to thrive.

INITIAL LABORATORY TESTS

- elevated aminotransferase
- conjugated hyperbilirubinemia
- elevated gamma-glutamyltransferase
- hypoalbuminemia.

ABDOMINAL ULTRASONOGRAPHY

- a small gallbladder
- the common bile duct - not visible
- the intrahepatic biliary tree- slightly dilated.

HISTOPATHOLOGICAL EXAMINATION

- ❖ ductular proliferation
- ❖ bile duct and ductular bile plugs
- ❖ portal fibrosis

DIAGNOSIS

KASAI PORTOENTEROSTOMY

Postoperatory, serum bilirubin slowly returned to normal in 2 months.

The patient developed **4 episodes of cholangitis.**

We find ourselves in front of a patient with:

- recurrent cholangitis
- intractable ascites
- biliary cirrhosis with portal hypertension
- decreased hepatic synthetic function,
- growth failure
- in the **care of Social Services.**

INDICATION OF LIVER TRANSPLANT

PELD score=18.7
89.4% rate of survival 1 year after transplant

At the moment, the lack of a legal guardian to consent the transplant and support long-term medical care makes the patient ineligible for a liver transplant.

CONCLUSIONS

Socioeconomic factors can make management of cholestasis more challenging than it looks.

REFERENCES

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