

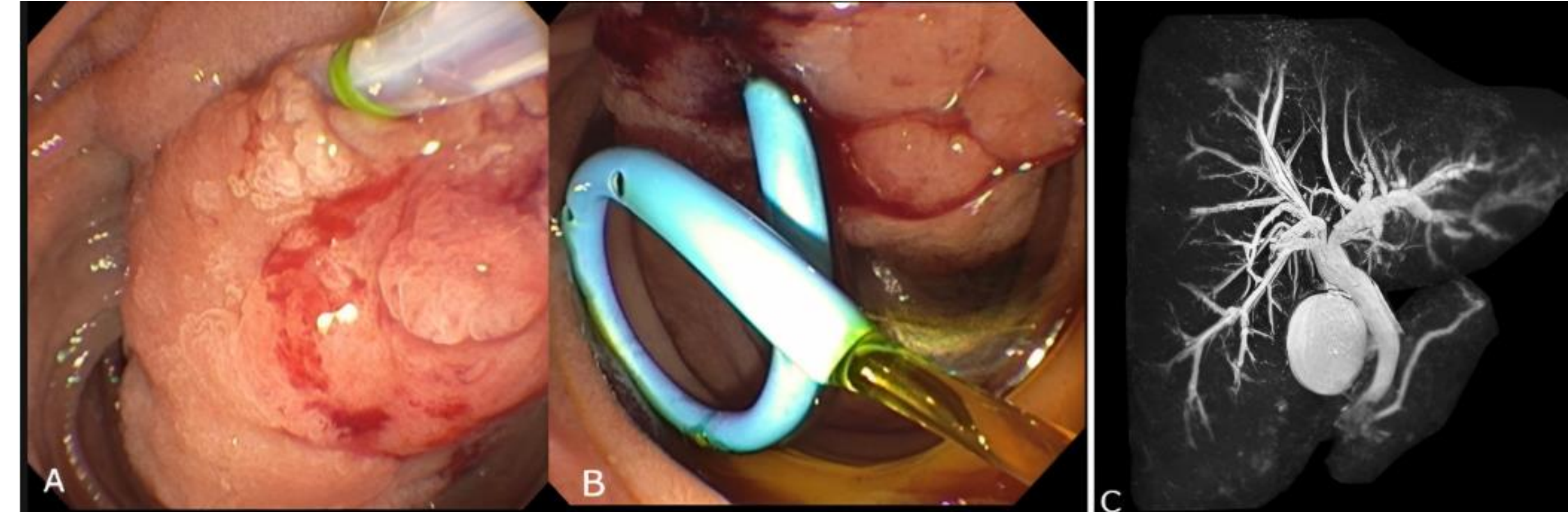
A Rare Case of Ampullary Tubulovillous Adenoma Causing Biliary Obstruction in a Young Patient

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INTRODUCTION

- Ampullary adenomas are dysplastic lesions that arise in and around the duodenal papilla with a prevalence of 0.04% to 0.12%.
- They may occur in the setting of familial adenomatous polyposis (FAP) or sporadically, most commonly in patients over age 40.
- Ampullary adenomas are often asymptomatic and incidentally discovered on endoscopy
- We present a case of an asymptomatic 34-year-old woman with incidentally-noted transaminitis found to have an ampullary tubulovillous adenoma



Ampullary mass(A) 7 Fr x 7 cm double pigtail stent in place with bile flow(B) MRCP showing moderate biliary distention(C)

CASE DESCRIPTION

- A 34-year-old female with a PMH of DM, HTN, and obesity was incidentally found to have ALP 853, AST 97, ALT 233 during an ambulatory visit.
- She denied a history of jaundice, abdominal pain, or weight loss at that time
- The patient initially underwent laboratory testing for autoimmune and infiltrative disease and was referred for an abdominal ultrasound(US). The lab workup was nonrevealing.
- Abdominal US showed dilated CBD to 1.2 cm without cholelithiasis and she was referred to Gastroenterology. MRCP was recommended but delayed due to a lack of insurance coverage. In the meantime, she developed abdominal pain.
- The patient eventually presented to the emergency department with progressive, severe RUQ pain. Laboratory tests showed ALT- 458, AST- 341, ALP - 2,006(See table 1 for more details).
- Emergent MRCP revealed a polypoid ampullary soft tissue lesion extending into the duodenum and distal CBD(measuring up to 3.3 cm), associated with moderate biliary distention.
- She underwent endoscopic ultrasound with a biopsy of the mass and subsequent ERCP with sphincterotomy and stent placement.
- Biopsy confirmed ampullary adenoma with low-grade dysplasia.
- Given the size and location of the lesion, surgical resection was performed instead of endoscopic resection with significant improvement in her symptoms and laboratory derangements.

DISCUSSION

- In this young patient with no family or personal history of adenomatous polyposis syndrome and without presenting symptoms, we demonstrate the need to maintain a thorough differential diagnosis when approaching the workup of liver enzyme derangements.
- Anchoring bias towards more common diagnoses can delay the identification of rarer conditions.
- Additionally, our patient experienced a delay in diagnosis due to insurance issues resulting in increased morbidity, highlighting a key systems barrier involved in pursuing elective outpatient evaluation.
- While her pathology was benign, there is a possibility of these lesions harboring adenocarcinoma which can significantly change treatment options and prognosis

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- 2)Chini P, Draganov PV. Diagnosis and management of ampullary adenoma: The expanding role of endoscopy. *World J Gastrointest Endosc.* 2011 Dec 16;3(12):241-7. doi: 10.4253/wjge.v3.i12.241. PMID: 22195233; PMCID: PMC3244941

	10/31/22	05/09/23
ALP	2006	108
ALT	458	19
AST	341	16
T. Bili	2.1	0.3

TABLE 1