The role of various laboratory parameters and imaging associated with obstructive jaundice in cholangiocarcinoma

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Abstrak

Chalangiocarcinoma is the second most common primary liver malignancy with global increase of incidence and mortality. The mean age at presentation is 50 years. Patients with cholangiocarcinoma usually will have symptoms of obstructive jaundice followed with supporting laboratory and imaging findings. The predominant clinical feature of extrahepatic cholangiocarcinoma is biliary obstruction resulting in Jaundice; while intrahepatic cholangiocarcinoma causes symptoms of intrahepatic mass including abdominal pain in right upper quadrant and other tumor-related symptoms such as cachexia and malaise. The diagnosis and staging of cholangiocarcinoma require multidisciplinary approaches including laboratory, radiological, endoscopic approaches and analysis on pathology. This case report describes a patient with a cholangiocarcinoma based on result of endoscopic retrograde cholangiopancreatography (ERCP) imaging. In addition to a diagnosis tool, ERCP can also be a therapeutic modality for placing stent to reduce symptoms of cholestasis. There were supporting laboratory findings such as increased bilirubin level, alkaline phosphates (ALP) and gamma glutamyltransferase (GGT) levels as well as increased level of tumor markers such as carcinoembryonic antigen (CEA), carbohydrate antigen (CA 19-9 and cytological examination.