Sarcoidosis with Obstructive Jaundice.—D. R. RYRIE, M.B. (for T. PARKINSON. M.D.).

Mrs. L. N., aged 52. A housekeeper.

History.—Admitted to hospital 30.10.53. She had been off colour for some months with vague indigestion and a distaste for food. Six weeks before admission she had become jaundiced and remained so until admission.

On examination.—Jaundiced. Scratch marks on skin. Liver palpable 3 fingerbreadths. Gall-bladder also palpable. Stools pale. Urine contained bile.

Investigation.—Liver function tests: Alkaline phosphatase 35 K.A. untis. Van den Bergh 12 mg. bilirubin%. Thymol turbidity 1 unit. Paul-Bunnell negative. Liver biopsy: appearances of obstructive jaundice only. Plasma proteins: albumin =4·8 grammes%, globulin = 1·7 grammes%. E.S.R. 58 mm. in one hour (Westergren). X-ray chest: Mediastinal lymphadenopathy. X-rays of bones: normal. Mantoux reaction negative 1/100. Serum calcium 9·6 mg.%.

Operation 1.12.54 (Mr. D. Tooms).—Large tense gall-bladder. Hard mass palpable in head of pancreas. Enlarged lymph nodes in porta hepatis and along splenic vessels. A gland was taken for biopsy and a cholecystoduodenostomy was carried out.

Biopsy report of gland.—Sarcoidosis (Fig. 1).

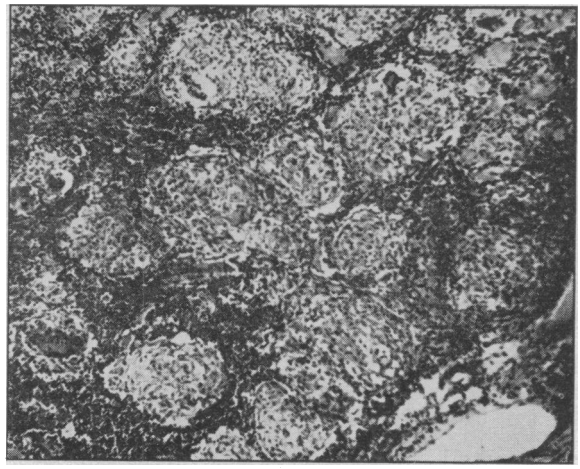

FIG. 1.—Section of abdominal lymph node showing sarcoid nodules. × 80.

Post-operatively the patient improved and the jaundice decreased.

27.1.54: Readmitted from convalescent home with severe upper abdominal pain and fever. The urine was loaded with sugar and ketones. The liver was bigger than previously.

Investigations.—Blood sugar (three hours after meal) 278 mg.%. Repeat liver biopsy: No evidence of sarcoidosis. Plasma alkaline phosphatase 51 K.A. units. W.B.C. 8,000.

Comment.—This case was condidered pre-operatively to be a case of reticulosis with obstructive jaundice. At operation the pancreas was found to be so hard that it was thought to be neoplastic. Biopsy of a near-by gland, however, showed characteristic changes of sarcoidosis. A month after operation the patient developed acute diabetes and it was thought that this was sufficient to make a diagnosis of pancreatic sarcoidosis. Unfortunately, amylase tests and duodenal intubation were not done in the acute phase. In view of the progressive nature of the disease, treatment with cortisone, streptomycin and isoniazid was given. Approximately 30 units of insulin were required daily to control the diabetes. There has been a slow clinical recovery with diminution of liver size, disappearance of jaundice and regression of mediastinal lymphadenopathy.

Sarcoidosis of the pancreas must be extremely rare but it has been reported on a few occasions: there are no recorded cases in which it was accompanied by acute diabetes.

Dr. Neville Oswald thought that the prognosis in this patient with obstructive jaundice was poor, because she had the chronic type of sarcoidosis associated with middle age.

Carcinoma of the Bronchus.—J. BRIAN SHAW, M.D., and M. A. EROOGA, M.B.

B. C., male, aged 34, aircraft fitter, was referred to Luton Chest Clinic for a miniature film. Because of abnormal shadowing in the left mid-zone the patient was recalled. He gave a history of having had pain in the left submammary region two weeks previously. At first it was pleural in type but was later described as a bruised feeling. A slight temperature at the onset of illness responded to Sulpha-