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Case Scenario

A 35 years old boy came to consultation for decreasing hemoglobin concentration day by day. He had fatigue and anorexia for last six months. Clinically he had anemia and was vitally stable. At the time of consultation his hemoglobin was 6.7gms%, MCV-51.6fL, MCH-14.7pg, MCHC-28.5g/dl-All parameters are below lower limits of normal), RDW-CV-19.4%(High), TLC-11680c/cmm, Diff count normal. Monocytes-17.7 rest of cells normal, Platelets-521000.cmm. Peripheral smear-Anisopoikilocytosis, Microcytosis, Hypochromia, Macrocytosis, and Tear drop cells, Target cells seen. WBC, patelets - normal. Iron 33mcg/dl (Very low), TIBC-456mcg/dl and ferritin 43.18 (Normal). Sr. Bilirubin 5.368 (D-4.8, ID-0.53), mildly elevated enzymes. Was treated with Intravenous iron injections. He complained of non- localizing pain in paraspinal area after 8 days. CECT abdomen showed well defined lobulated exophytic solid mass lesion app 81x73x56mm, in left lobe of the live extending up to port and into lesser sac suggestive of cholangiocarcinoma. Enlarged rounded enhancing nodes at portal, hepatic, precaval, and paraaortic region. Marked omental thickening & nodularity noted with small nodular peritoneal deposits in Morrisons pouch, pelvis and right hemidiaphramatic surface, periumbilical region suggestive of omental and peritoneal metastasis.

Pearl- In this patient without many symptoms, severe anemia was the only presentation. Patient had consulted two Hemato-oncologists but High index of suspicion by a physician revealed extensive malignancy.

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