

[Common Duct Disease]
[October 31, 1957]

Case 1. A 38 year old Colored female, mother of an 18 year old son, has been afflicted with recurrent "crises" in a sporadic manner. Such have been characterized by a sudden onset of severe to agonizing arthralgias, fever, leucocytosis, anemia, reticulocytosis and occasionally jaundice.

Ten years prior to admission the patient developed marked jaundice, RUQ colicky pain, urine bile and marked debility. A cholecystectomy revealed myriads of gravel-like non-radioopaque stones (bilirubin). Frequent bouts of pneumonia have resulted in a ventilatory defect due to an increase in the fibrous tissue in the lung. E. coli pyelonephritis has been frequent.

Laboratory findings: Hgb. 7.0 grams %, normochromic, normocytic, WBC 22,000, 50 Rbc/100 Wbc, 94.3% sickling, SS pattern 10% alkaline resistant Hgb, bilirubin 1.6-2.8 mgm%, serum Hgb. 5.0-10.0 mgms%, blood smear revealed aniso-poikilocytosis, targeting was present, urine negative for bile and iron, irreversible sickle cells 1-2%.

Comment: Sickle cell anemia demonstrating a propensity to infection. Minimal clinical jaundice is apparent.

Case 2. A 5 year old colored male was spastic with fever, dehydration and stupor. Hgb. 4.0 grams %, bilirubin 3.2 mgm%, methemalbumen present (624 angstroms) in serum, irreversible sickle cells 25%, SS pattern, 8.0% alkaline resistant, serum Hgb. 50 mgm%, 28.35%, 40% and 82.3% sickling.

Recovery followed promptly with fall in serum Hgb, irreversible cells 7%, serum bilirubin 1.6 mgm%, and a rise in Hgb. to 6.0 grams%. No pneumonitis was demonstrable on X-ray or by chest examination even though cough was present prior to admission.

Comment: A hemolytic "crises" by definition - the only one.

Case 3. A 4 year old colored male with fever, cough, dyspnea and substernal chest pain followed by jaundice. Chest was clear on auscultation but X-ray revealed bilateral basilar infiltrate. Obstructive cholangitis occasioned removal of gall bladder previously.

Laboratory findings: Hgb. 6.5 grams%, 28,600 WBC, left shift 30 Rbc/100 Wbc, serum bilirubin 4.0 mgm%, negative bile and iron in urine, SS pattern (+) sickling.

Penicillin administration resulted in remarkable healing. Bilirubin fell to 0.8 mgm%.

Comment: "Hemolytic jaundice" due to pneumonitis.

Case 4. A 17 year old colored female with history of jaundice during entire life appeared in the EOR at Parkland complaining of moderately severe RUQ pain, nausea, vomiting, chills and fever. Chief findings were pallor, intense jaundice, (fluorescent eyeballs), asthenic wasted habitus and a large, tender liver.

Laboratory findings: Hgb. 7.6 grams%, serum bilirubin 96.0 mgm%, 4+ bile in urine, SS pattern 5% alkaline resistant, irreversible sickle cells 1.5%, serum Hgb. 3-5.0 mgm%.

Exploratory laporotomy revealed a fibrotic common duct whose lumen measured 2 mm. in diameter. Regional adenopathy was marked. Following cholecystectomy appetite became voracious and 35 pound weight gain was experienced. Radical change in pyschic and physical appearance occurred. Bilirubin fell to 3.0 mgm%, Hgb. 7.8 gram%.

Comment: Common duct disease mitigated by delecting concentrating effect of gall bladder.