ISSN: 0975-833X

Available online at http://www.journalcra.com

International Journal of Current Research
Vol. 9, Issue, 09, pp.58229-58230, September, 2017

INTERNATIONAL JOURNAL OF CURRENT RESEARCH

RESEARCH ARTICLE

CARCINOMA GALL BLADDER IS ASSOCIATED WITH HIGHLY REACTIVE ANTIBODY AGAINST BRUCELLA–A RARE CASE REPORT

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ARTICLE INFO

Article History:
Received 26th June, 2017
Received in revised form
12th July, 2017
Accepted 09th August, 2017
Published online 30th September, 2017

Key words:

CA. GB,
Brucellosis.

ABSTRACT

Brucellosis is a zoonotic infection caused by the bacterial genus Brucella**.** The bacteria are transmitted from animals to humans by ingestion through infected food products, direct contact with an infected animal, or inhalation of aerosols. Whether this entity is highly prevalent among the carcinoma patients, not known and not yet reported. We came across an advanced carcinoma GB with highly reactive Brucellar antibody who optimally responded to antibiotics against Brucella.

Citation: Dr. Das, K.C., Dr. Dash, A., Dr. Mohapatra, A. and Dr. Saroja, S. 2017. "Carcinoma gall bladder is associated with highly reactive antibody against Brucella –A rare case report", *International Journal of Current Research*, 9, (09), 58229-58230.

INTRODUCTION

Brucellosis is a zoonotic infection caused by the bacterial**.** The bacteria, Brucella are transmitted from animals to humans by ingestion through infected food products, direct contact with an infected animal, or inhalation of aerosols. The disease is an old one that has been known by various names, including Mediterranean fever, Malta fever, gastric remittent fever, and undulant fever. Humans are accidental hosts, but brucellosis continues to be a major public health concern worldwide and is the most common zoonotic infection (Pappas *et al*., 2006). They are shed in large numbers in the animal's urine, milk, placental fluid, and other fluids. Brucellosis is a disease caused by a group of bacteria from the genus Brucella. These bacteria can infect both humans and animals. Brucellosis is often spread when people eat contaminated food, which can include raw meat and unpasteurized milk (Diagnosis and Management of Acute Brucellosis in Primary Care, 2007). The bacteria can also be spread through the air or contact with an open wound. Fortunately, brucellosis is rarely spread from one human to another. However, it can be spread through breastfeeding or sexual contact. Infection is rare without contact with blood or tissue. Fever is the most common symptom and sign of brucellosis, occurring in 80-100% of cases. It is intermittent in 60% of patients with acute and chronic brucellosis and undulant in 60% of patients with subacute brucellosis.

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Fever can be associated with a relative bradycardia. Fever of unknown origin (FUO) is a common initial diagnosis in patients in areas of low endemicity (Sharda, 1986). It is associated with chills in almost 80% of cases. Constitutional symptoms of brucellosis include anorexia, asthenia, fatigue, weakness, and malaise, and weight loss and are very common. A significant percentage (approximately 50%) of patients have gastrointestinal (GI) complaints, primarily dyspepsia, though abdominal pain from hepatic abscesses may occur. Hepatic abscesses should be suspected in patients with signs of systemic toxicity and persistently elevated liver enzymes. The abscess can serve as a source of bacteremic seeding. Spontaneous bacterial peritonitis secondary to brucellosis infection has been reported. Constipation, diarrhea, and vomiting may occur.

Case presentation

51 Years old male working in the forest department presented to us with intermittent fever for last six months and yellowish discoloration of eyes and urine for last ten days. He had right upper abdominal pain but no vomiting and chills. Historically he lost 5-6 kg weight. For the above symptoms he took oral as well as IV antibiotics elsewhere but in vain. Recently He was found to have DM-2 on OHA. He had only significant past medical history that he underwent gastro-jejunostomy for peptic ulcer bleed in 1993. On examination he had icterus and ill-defined mass in right upper quadrant of abdomen.

Necessary laboratory investigations were done as follows

TLC-15,900/ mm3, ESR-60 mm/1st hour , Blood C/S- E. Coli was found and sensitive to colistin, tigecycline, and polymyxin B.

Brucella IgM antibody- 26.92[positive]

LFT: Total Bilirubin -4.4, Conjugated Bilirubin - 2.6, Unconjugated Bilirubin -1.4, ALP- 1667 U/L, SGOT- 338 U/L, SGPT- 327 U/L, SGOT- 338 U/L, GGTP- 3423 U/L
Ca 19-9 – more than 1000

CECT whole abdomen

- Eccentric irregular wall thickening of GB suggestive of MALIGNANT GB NEOPLASM.
- Involvement of adjacent GB fossa, segment-IV B of liver, cystic duct, common hepatic duct, proximal CBD.
- Multiple hypodense hypoenhancing nodules in both lobes of liver suggestive of METASTASIS.
- Multiple enlarged periportal and retroperitoneal nodes.
- Diffuse omental thickening with multiple nodular omental deposits.
- Minimal ascitis.

CT guided omental biopsy

Metastatic moderately differentiated adenocarcinoma with mucinous differentiation.

ERCP

Biliary dilatation was done followed by CBD stenting with a metallic stent as a part of palliative care.

DISCUSSION AND CONCLUSION

Patient received antibiotics against brucellosis in the form of Inj. Doxycyclin (100mg) IV twice daily for 5 days and Inj. Meropenem (1.5gm) IV twice daily and Inj. Colistin (3 mIU) IV thrice daily for E.coli sepsis. After 5 days of treatment his LFT showed significant improvement with AST – 32 U/L, ALT – 59 U/L, ALP – 599 U/L, GGTP – 736 U/L and total Bilirubin – 4.3 g/dL. Subsequently he underwent ERCP and CBD stenting. Biopsy of the liver lesion was considered which revealed metastatic moderately differentiated adenocarcinoma with mucinous differentiation. This condition is not yet mentioned in the literatures, whether brucellosis is highly prevalent in this region causing incidental positivity further study is needed.

Abbreviations

Ca. GB-Carcimona gall bladder, OHA-Oral hypoglycemic agent

Competing interests

The authors declare that they have no competing interests.

Authors' contribution. Prof. Dr. Kanhu charan Das, Dr. Abhipsa Mohapatra, Dr. Saroja S., Dr. Seema Mishra and Dr. Ansuman Dash were involved in the clinical assessment and writing the case report. All authors read and approved the final manuscript.

Consent

Full written consent was received for the manuscript to be published.

Acknowledgements

I would like to extend my thanks for the manuscript to be published.

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