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Case Studies:
When to Order MRCP vs ERCP in PSC Patients?

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Disclosures

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Disclosures

Andrea A. Gossard, ARPN, CNP

No financial relationships to disclose.
Case Study

- 39 year-old man with past medical history significant for chronic ulcerative colitis x 12 years presents for further evaluation of elevated liver tests. Referral labs:
  - AST 50 (8-48)
  - ALT 80 (7-55)
  - Alkaline phosphatase 208 (40-129)
  - Total bilirubin 0.9
Case Study 1

You repeat blood work with the following results:

- AST 61 (8-48)
- ALT 88 (7-55)
- Alkaline phosphatase 344 (40-129)
- Total bilirubin 1.1
Case Study 1

• CUC is well controlled on vedolizumab; no other medications
• Clinically well, no pruritus, RUQ pain, fevers
• Absence of acholic stools, dark urine, jaundice
Further Evaluation

- Imaging
  - Abdominal ultrasound?
  - CT abdomen?
  - MR cholangiopancreatogram
Findings

• Intrahepatic bile duct strictures with segmental dilatation, or “beading”
• Bile duct wall thickening and enhancement
• No evidence for cholangiocarcinoma
Diagnosis

• Diagnosis: primary sclerosing cholangitis (PSC)
• No known effective therapy
• Several clinical trials including Phase 3 studies underway
Management

- Supportive
- Management of strictures, symptomatic cholangitis
- Surveillance for cholangiocarcinoma
- Implications for colon cancer screening in setting of IBD
- Natural history variable
Case Study 1, One Year Later

- Patient returns to clinic complaining of
  - Diffuse pruritus, worse at night
  - Intermittent pain in right upper abdomen
  - Dark urine, clay-colored stools
  - Jaundice
Physical Exam

• Jaundiced
• Tenderness in the right upper quadrant
• Itching during consult
Case Study 1

You repeat blood work with the following results:

- AST 82 (8-48)
- ALT 132 (7-55)
- Alkaline phosphatase 487 (40-129)
- Total bilirubin 3.9
Repeat Imaging
Intervention

• Role of endoscopic retrograde cholangiopancreatogram (ERCP)
  – Diagnostic
  – Therapeutic
ERCP

- “Gold standard” for diagnosing PSC
- Allows for balloon dilation, stenting of bile duct strictures
- Allows for sampling of strictures by brushing, intra-ductal biopsy
ERCP

• Risk of complications, 5-15%
• Risks dependent on degree of complexity
  – Pancreatitis, 3-5%
    • Most common, influenced by number of interventions
  – Bleeding, 2%
    • More likely if need sphincterotomy
ERCP

- Risk of complications
  - Bowel or duct perforation, <1%
    - Influenced by need for therapeutic interventions
  - Infection, 1%
  - Reaction to sedative/anesthesia, uncommon
Fluoroscopic Images
Fluoroscopic Images
Recommendations

- MRCP best for initial diagnosis of PSC
- MRCP appropriate for routine surveillance
- ERCP invasive, deems it less appropriate for initial PSC diagnosis
Recommendations

- ERCP indicated for bile duct obstruction
- ERCP indicated if need for sampling (elevated CA 19-9, worrisome MRCP)
- Consider skill set/experience of local endoscopist
Thank You