

Diagnosis At First Sight: Fish-Eye Ampulla

Arda Yavuz^{1*}, Pınar Engin², Emre Aksu³ and İlyas Tuncer¹

¹Gastroenterology Department, Göztepe Research and Training Hospital, Medeniyet University, Istanbul, Turkey

²Pathology Department, Göztepe Research and Training Hospital, Medeniyet University, Istanbul, Turkey

³Internal Medicine Department, Göztepe Research and Training Hospital, Medeniyet University, Istanbul, Turkey

*Corresponding author:

Arda Yavuz,
Gastroenterology Department, Göztepe Research
and Training Hospital, Medeniyet University,
Istanbul, Turkey, Fahrettin Kerim Gökay Cad. 34730
Kadıköy/İstanbul, Tel: +90537 727 35 90,
E-mail: ardayavuz55@hotmail.com

Received: 23 Dec 2021

Accepted: 03 Jan 2022

Published: 10 Jan 2022

J Short Name: JJGH

Copyright:

©2022 Arda Yavuz. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and build upon your work non-commercially.

Citation:

Arda Yavuz, Diagnosis At First Sight: Fish-Eye Ampulla. Japanese J Gastro Hepato. 2022; V8(2): 1-2

1. Clinical Image

A 62-year-old woman is presented with nausea, vomiting, abdominal pain, fever, and pale color of defecation for one week. She denied other gastrointestinal symptoms. Physical examination was unremarkable. Laboratory tests showed the following abnormal tests: SGPT: 131 U/L, SGOT: 56 U/L, ALP: 575 U/L, GGT: 911 U/L, Total bilirubin: 10,4 mg/dL, direct bilirubin: 8,5 mg/dL, Leukocyte count: 16400/uL, CRP: 134 mg/L. Magnetic resonance cholangiopancreatography showed dilated intrahepatic bile ducts, hydropic gall bladder, and sludge. The common bile duct was 20 mm. Endoscopic retrograde cholangiopancreatography (ERCP) showed fish-eye sign and viscous fluid flow in the papilla (Figure 1). Considering that the case was compatible with intraductal papillary mucinous neoplasm

(IPMN), Computed Tomography (CT) was performed. Ca 19-9 level was 1000 U/mL. Since vascular invasion was not observed as a result of CT, the surgery clinic planned the operation. The pathology resulted in invasive ductal carcinoma associated with gastric-type IPMN (Figure 2). The patient was referred to oncology.

Fish-eye ampulla refers to a swollen ampulla that extrudes thick mucin visible to the naked eye during ERCP. Although this finding is rare, it is pathognomonic for IPMN [1]. Surgery is recommended in the presence of main pancreatic duct >10 mm, jaundice, or mural nodules due to the high frequency of high-grade dysplasia and invasive carcinoma in main canal IPMN [2]. In this context, when the fish-eye ampulla sign is detected, the operation should not be delayed in patients suitable for surgery.



Figure 1: Fish-eye sign in ERCP.

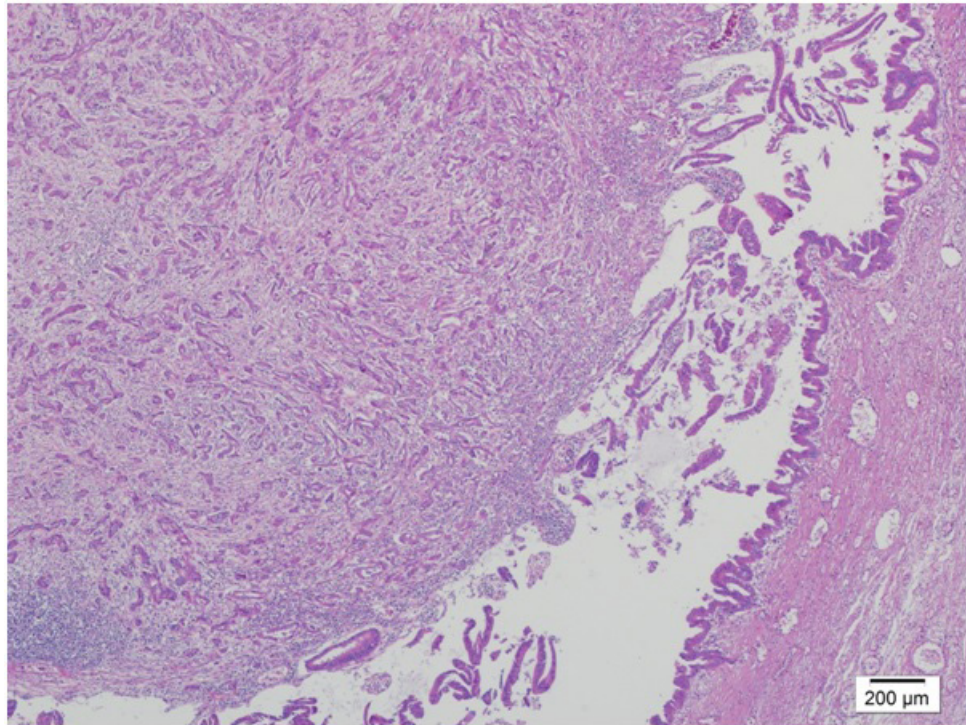


Figure 2: Invasive ductal carcinoma associated with IPMN.

References:

1. Asokkumar R, Chin YK. Fish-Mouth Papilla. *Clin Gastroenterol Hepatol.* 2018; 16(9): A34.
2. Tanaka M, Fernández-Del Castillo C, Kamisawa T, Jang JY, Levy P, Ohtsuka T, et al. Revisions of international consensus Fukuoka guidelines for the management of IPMN of the pancreas. *Pancreatology.* 2017; 17(5):738-53.