中文題目: 地中海型貧血所引起的溶血性貧血、脾腫大、高膽色素和膽結石 — 病例報告

英文題目: Bilirubin Gall Stone, associated with Hyperbilirubinemia, Hemolytic Anemia and Splenomegaly due to Thalasemia Disease—A Case Report

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Abstract

Introduction:

Gall stone is not uncommon in the primary health care setting. And it is mostly due to cholesterol stone. Herein we report a case of bilirubin gall stone, associated with hyperbilirubinemia, hemolytic anemia and splenomegaly caused by thalasemia disease.

Case report:

A 28 year-old girl, desk worker, height:162cm, body weight:56kg, moderately developed and nourished, presented to our clinic with fever and acute right upper quadrant pain of abdomen. Abdominal ultrasound examination revealed gall bladder stones with thickened wall and moderate splenomegaly. Blood test showed Hgb: 9.0 g/dl, MCV: 70.8 fl, MCH:21.2pg; reticulocyte: 4.8 xk/cumm (Normal range: 0.5-1.5); elevated total-bilirubin of 2.15 mg/dl (Direct-bilirubin:0.72mg/dl, Indirect-bilirubin:1.43mg/dl) and a normal range of cholesterol of 97 mg/dl; Fe: 92 ug/dl, TIBC: 219.6 ug/dl; Direct Coomb's test: (-); Indirect Coomb's test (-); G-6-P-D: 18.4, Hemoglobin electrophorosis showed: Hb-A1: 96.8%, Hb-F: 1.1% and Hb-A2: 2.1%. Family history: her mother was an alpha thalassemia silent carrier; her father had alpha thalassemia trait and her elder brother also had thalasemia disease. Therefore, bilirubin gall stones, associated with hyperbilirubinemia, hemolitic anemia and splenomegaly due to thalasemia disease was diagnosed.

Discussions:

Here the bilirubin stones may be due to long term hyperbilirubinemia, caused by thalasemia related hemolytic anemia. The most probable of her thalasemia disease is hemoglobin H disease of alfa thalasemia.

Since she was young, BMI :21.3, normal cholesterol level, not pregnant and no contraceptive use, therefore, cholesterol stones formation was less possible. In 2016, due to recurrent cholecystitis, patient received cholecystectomy, and bilirubin stones were found.