



## Image of the Month

## Obstructive jaundice caused by myeloid sarcoma in duodenal ampulla

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Myeloid sarcoma (MS) is a tumor mass of immature cells of the granulocytic series occurring at an extramedullary site [1]. An initial presentation of MS of the duodenal ampulla with obstructive jaundice is very rare. A 65-year-old women presented to our department for progressive jaundice with 1-month history. Physical examination was unremarkable except for severe jaundice. Laboratory investigations showed the following: total bilirubin, 146.6  $\mu\text{mol/L}$  ( $<20.5 \mu\text{mol/L}$ ); direct bilirubin, 119.5  $\mu\text{mol/L}$  ( $<6.84 \mu\text{mol/L}$ ); ALT, 76 IU/L ( $<50 \text{IU/L}$ ); AST, 113 IU/L ( $<40 \text{IU/L}$ ); Tumor markers such as carbohydrate antigen 19-9 (CA 19-9) 34.83 U/mL ( $<27 \text{U/mL}$ ) Other laboratory results such as routine analysis of blood, renal function, were all within normal limits. A contrast-enhanced computed tomography scan of the abdomen revealed duodenal ampulla cancer, MRCP revealed dilation of the bile duct and pancreatic duct (Fig. 1).

Duodenal ampulla cancer was considered preoperatively. A gray, rubbery and hard mass, measuring 3.2 cm  $\times$  4 cm, was observed arising from duodenal ampulla after pancreatoduodenectomy. The postoperative recovery was uneventful and she was discharged 12 days after surgery. The histological morphology was consistent with a myeloid sarcoma, Immunohistochemistry showed positivity of tumor cells for CD117 and myeloperoxidase (MPO) (Fig. 2).

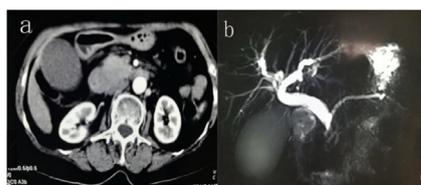


Fig. 1.

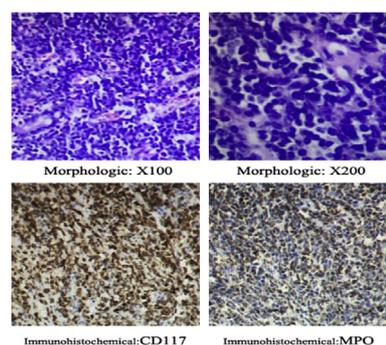


Fig 2.

**Conflict of interest**

None declared.

**Reference**

- [1] Almond LM, Charalampakis M, Ford SJ, et al. Myeloid sarcoma: presentation, diagnosis, and treatment. *J Clin Lymphoma Myeloma Leuk* 2017;17(5):263–7.

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