

HEPATIC ENCEPHALOPATHY: RARE MANIFESTATION OF ICTERIC VARIANT OF STAUFFER'S SYNDROME

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Renal cell carcinoma (RCC) or the “great mime” according to Osler is known for its paraneoplastic manifestations. Nonmetastatic nephrogenic hepatic dysfunction syndrome also known as Stauffer's syndrome can often be the initial presentation.

A 36-year-old male presented with two months history of fluctuating mental status and jaundice. Exam revealed a jaundiced patient with no ascites, asterix or hepatosplenomegaly. Patient was disoriented and apathetic with defective short term memory. Cerebrospinal fluid studies, CT and MRI of brain were normal. EEG: suggestive of metabolic encephalopathy. Labs showed total bilirubin 18.6 mg/dl, conjugated bilirubin 14.5 mg/dl, AST of 1619 U/L, ALT of 2063 U/L, alkaline phosphatase 220 U/L, gamma-glutamyl transpeptidase (GGT) of 90 U/L, albumin of 3.2 g/dl, prothrombin time (PT) of 15 sec, INR 1.3, ammonia level of 51 μ mol/L. Extensive workup for hepatic dysfunction looking for autoimmune, viral and toxic etiologies were negative. Liver biopsy showed paucifocal cholestatic hepatitis.

MRI/MRA of abdomen showed 10 cm mass in the left kidney with extension into the left renal vein (no extension into Inferior vena cava) and local nodal spread compatible with stage IIIC RCC. Patient underwent left radical nephrectomy (biopsy showing clear cell RCC) with resolution of his symptoms and liver chemistry.

Stauffer's syndrome is a rare paraneoplastic manifestation of RCC characterized by elevated alkaline phosphatase, ESR, alpha 2-globulin, GGT, thrombocytosis and prolongation of PT, in the absence of hepatic metastasis and jaundice. This case illustrates a patient presenting with hepatic encephalopathy as a result of icteric variant of Stauffer's syndrome which is a rare entity per literature. In a patient presenting with altered mental status and cholestatic jaundice without recognizable etiology, further evaluation for an underlying malignancy such as RCC should be considered. Stauffer's syndrome is one of the diverse paraneoplastic manifestations of “the internist's tumor” and its recognition may lead to early diagnosis and improved outcome.