



The Curious Case of Raised Transaminases

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Clinical Image

A 62 year old hypertensive and diabetic female presented with incidental detection of raised liver transaminases (AST – 94 U/L, ALT – 88U/l) on routine healthcheck-up. Past history was insignificant and general physical and systemic examination was normal. BMI was 32 kg/m². On evaluation, viral serology was negative. She was further evaluated with an ultrasound abdomen which, to our surprise, revealed grade II fatty liver with multiple hypoechoic Space Occupying Lesions (SOLs) in the liver. A contrast enhanced CT showed multiple enhancing SOLs in the liver (Figure 1a) and a 5 x 7 cm enhancing lesion in the right posterolateral wall of the urinary bladder with perivesical stranding and internal calcification (Figure 1b). A cystoscopy and transurethral biopsy of the urinary bladder mass (Figure 2a) revealed high grade muscle invasive transitional cell carcinoma and fine-needle aspiration from the liver SOLs was suggestive of metastasis (Figure 2b). An asymptomatic presentation for metastatic urinary bladder cancer without hematuria as in this case is rare and alarming; for the patient and the physician alike and highlights the cruel ways in which cancer can present. Systemic chemotherapy has been initiated for this patient.



Figure 1a,b: Axial image of CECT Abdomen showing multiple hypodense lesions in liver and solid enhancing lesion in right posterolateral wall of urinary bladder with surface calcification.

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Figure 2a,b: Intraoperative cystoscopy image of urinary bladder mass with surface calcification and FNAC of liver lesion showing metastatic tumor cells in cohesive clusters.