

Stauffer Syndrome and Post-Nephrectomy: Say Good-Bye to Acute Transaminitis!



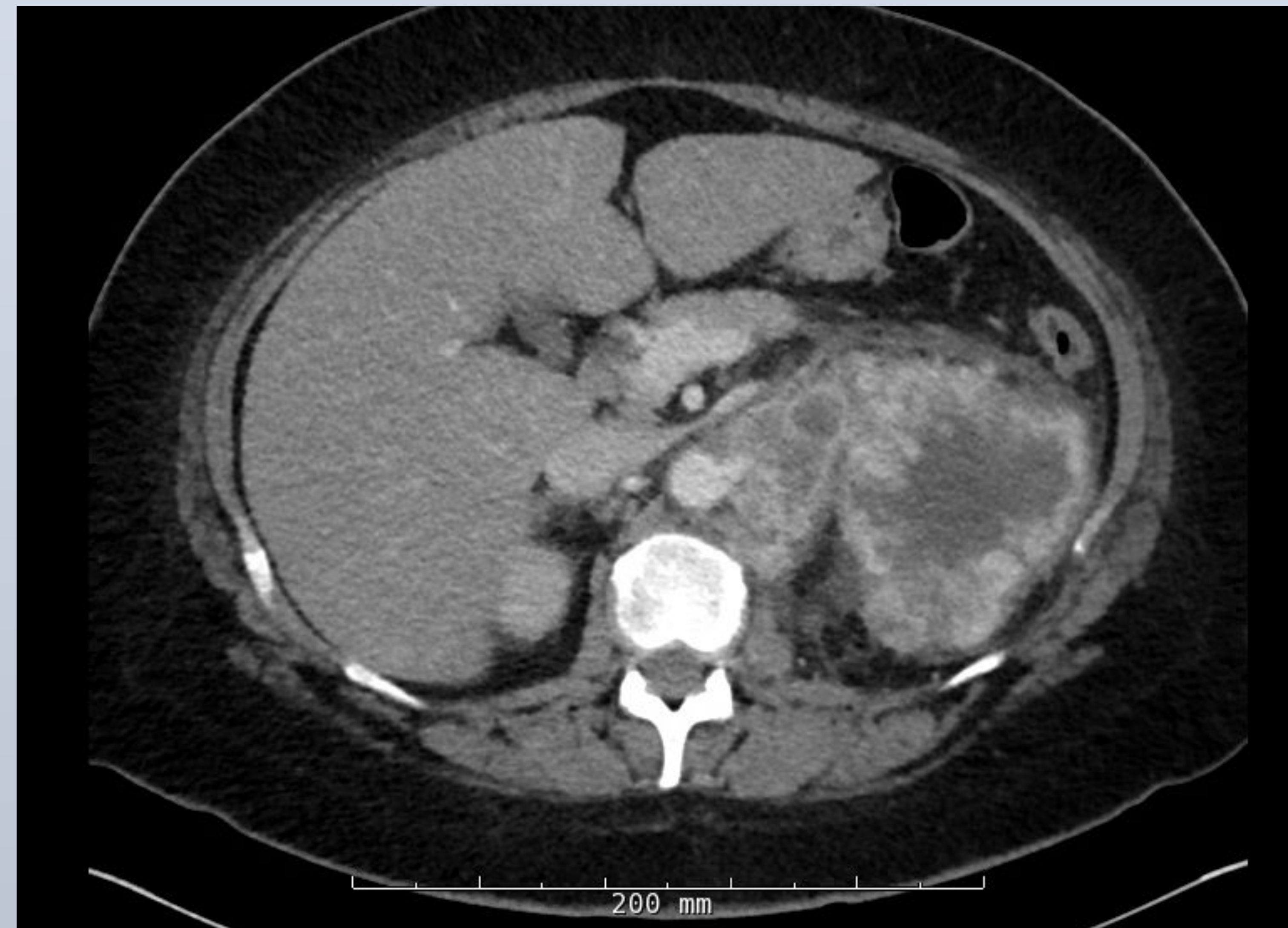
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Introduction

Stauffer Syndrome (SS) is a paraneoplastic disorder associated with renal cell carcinoma (RCC). It is characterized by hepatic dysfunction in the absence of metastasis, and elevated alkaline phosphatase, aminotransferases and prolonged prothrombin time. We present a rare case of a patient who had a resolution of his transaminases status post nephrectomy.



Case Description

Patient is a 54 year old male with a past history remarkable for GERD, hypertension with recent inpatient admission for a newly diagnosed renal cell carcinoma status post partial nephrectomy. Patient was identified in having abnormal transaminases during the patient's hospital course preoperatively.

Patient had elevated transaminases on admission and preoperatively that were 3 times as much when compared to his baseline, with peak values of, total bilirubin of 1.07 mg/dl, Aspartate Transaminase (AST) 88 U/L, Alanine transaminase (ALT) 146 U/L, Alkaline Phosphatase (Alk Phos) 154 U/L. Patient was diagnosed with having a left renal 7.7 x 6.8 x 6.0 cm, yellow tan hemorrhagic mass lesion that did not involve the renal capsule, which was resected during his partial nephrectomy procedure. Patient remained asymptomatic from a GI standpoint and was discharged with close outpatient GI follow-up for hepatic abnormalities. Patient's transaminases/LFTs have since normalized status post nephrectomy.

Discussion

Clinicians should be aware of Renal cell carcinoma ability to present as a broad spectrum of non renal manifestations and should have a high index of suspicion when encountered with unexplained liver abnormalities. Imaging studies should be performed to make an early diagnosis and increase the likelihood of operative success. Surgical treatment of underlying malignancy appears to resolve hepatic abnormalities.

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