

# Clinical features

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- Jaundice secondary to obstruction of the distal bile duct is the most common symptom that draws attention to ampullary and pancreatic head tumours. It is characteristically painless jaundice but may be associated with nausea and epigastric discomfort. Pruritus, dark urine and pale stools with steatorrhea are common accompaniments of jaundice. In the absence of jaundice, symptoms are often non-specific, namely vague discomfort, anorexia and weight loss, and are frequently dismissed by both patient and doctor. Upper abdominal symptoms in a patient recently diagnosed with diabetes, especially in one above 50 years of age with no family history or obesity, should raise suspicion. Occasionally, a patient will present with an unexplained attack of pancreatitis; all such patients should have follow-up imaging of the pancreas. Tumours of the body and tail of the gland often grow silently and present at an advanced unresectable stage. Back pain is a worrying symptom, raising the possibility of retroperitoneal infiltration. On examination, there may be evidence of jaundice, weight loss, a palpable liver and a palpable gallbladder. Courvoisier first drew attention to the association of an enlarged gallbladder and a pancreatic tumour in 1890, when he noted that, when the common duct is obstructed by a stone, distension of the gallbladder (which is likely to be chronically inflamed) is rare; when the duct is obstructed in some other way, such as a neoplasm, distension of the normal gallbladder is common. Other signs of intra-abdominal malignancy should be looked for with care, such as a palpable mass, ascites, supraclavicular nodes and tumour deposits in the pelvis; when present, they indicate a grim prognosis.

(b) Figure 72.33 (a) Carcinoma of the ampulla as seen at endoscopy. (b) Appearance of the same tumour (arrow) on endoscopic ultrasonography (courtesy of Dr Peter Fairclough).

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