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Stauffer syndrome; new trends

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Many malignancies of the human body can cause cholestasis, which are mainly due to the hepatic metastasis, obstruction of the bile duct or could be due to a paraneoplastic phenomenon (1).

Renal cell carcinoma is associated with a wide range of paraneoplastic syndromes (1). Such a paraneoplastic phenomenon causing deranged liver function tests in a patient diagnosed with renal cell carcinoma is called Stauffer syndrome (2), first described in 1961 by Stauffer himself (1).

Stauffer syndrome is predominantly characterized by a raised erythrocyte sedimentation rate (ESR), elevated alkaline phosphatase (ALP) and gamma-glutamyl transferase (GGT), raised alpha 2 globulins, increased platelet count, prolong prothrombin time (PT) and by the presence of hepatosplenomegaly on examination without any evidence of hepatic metastasis or the presence of jaundice (2,3).

To diagnose this syndrome, three of the previously mentioned abnormalities must be present in the patient (4).

Stauffer syndrome has also been seen in various other malignancies like prostatic carcinoma, lymphoproliferative diseases and bronchogenic carcinoma (5). Intrahepatic cholestasis without jaundice is the main findings that are commonly seen in Stauffer syndrome (1). Treatment for this condition is nephrectomy that cures the symptoms in more than half of the cases (6).

Authors' contribution

All authors wrote the letter equally.

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