

Intrahepatic Cholangiocarcinoma after Recurrent Pyogenic Cholangitis with Hepatolithiasis

Jun Uk Lim, Kwang Ro Joo

*Department of Gastroenterology, Kyung Hee University Hospital at Gangdong, Kyung Hee University
School of Medicine, Seoul, Korea*

62세 여자가 내원 1개월 전부터 시작된 우상복부 통증으로 왔다. 환자는 5년 전 간내담석으로 좌간엽절제를 시행받았다. 복부 CT에서 우측 간내에 담석이 있었고, 경피적담도내시경을 이용하여 담석을 대부분 제거하였다. 이 후 3년간 환자는 일시적인 담도염 및 간농양으로 두 차례 입원한 바 있다. 이 후 개인병원에서 추적하던 중 우상복부통증 및 발열 등으로 다시 본원에 내원하였다. 복부 CT에서 우측간엽에 heterogenous enhancement, fibrous and inflammatory changes 소견이 있었고, 혈청 CA 19-9이 9,277 U/mL로 상승되어 있었다. 임상적으로는 재발성담도염(담관파열 동반?)을 우선적으로 생각하였으나, 오랜기간 담도염과 관련된 담관암의 감별이 필요하였다. 그러나 당시 biopsy를 위한 localization이 안되어 항생제 투여하며, 단기 추적을 계획하였다. 환자는 항생제 투여 후 증상호전되어 퇴원하였다. 2개월뒤 추적에서 환자는 임상적으로 안정되어 있었으나, CA 19-9은 여전히 높은 수치로 상승되어 있어 담관암 동반을 배제하기 위해 US-guided biopsy를 시행하였다. Pathology에서 cholangiocarcinoma로 확인되었고, PET/CT에서도 both pleura, aortocaval LN에 FDG uptake가 증가되어 있었다. 이후 환자는 gemcitabine과 cisplatin 병합항암 치료를 시작하였다. 약 3개월간의 항암치료 동안 안정된 혈소판 수치는 이후 지속적으로 감소하여 항암제 용량을 감량하였고, 비교적 안정적 상태로 치료를 받고 있다.

• **F/62**

• Chief complain

RUQ pain

• Present illness

내원 1개월 전부터 발생한 RUQ pain으로 local clinic visit, check 한 복부 CT에서 multiple intrahepatic duct stone들이 관찰되어 시술위해 큰 병원 권유 받고 전원됨.

• Past medical history

Op Hx.; 2002년 cholecystectomy,

Lt. hepatic lobectomy d/t hepatolithiasis

• Family history

none

Review of System

- General fever(-) chill(-) fatigue(-) weight loss(-)
- Skin rash(-) pigmentation(-) itching(-) jaundice (-)
- Gastrointestinal A/N/V/D/C(-/-/-/-) abdominal pain(+) : RUQ
dyspepsia(-) hematochezia(-) hematemesis(-)

Physical Examination

- V/S 149 /86-78회/min – 18회/min – 36.8°c
- General alert consciousness
acute ill looking appearance
- Eye & ENT pinkish conjunctiva
clear sclera
- Abdomen soft and flat abdomen normoactive bowel sound
RUQ tenderness no palpable mass
no splenomegaly no hepatomegaly

Lab Findings

- **CBC/DC**

6500/mm² - 13.0 g/dl – 37.8% - 193K (seg 72.3%)

- **Chemistry**

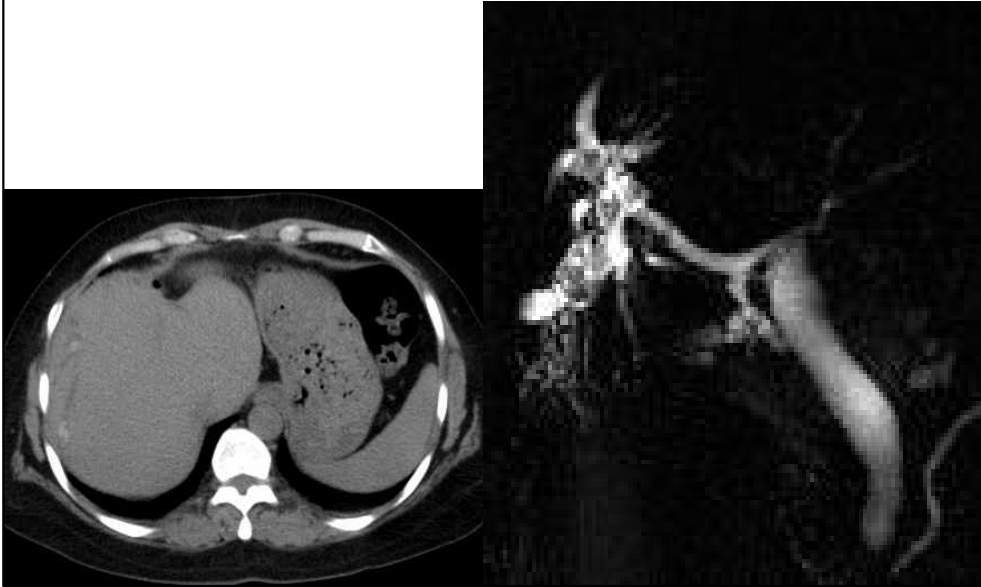
TB	0.7 mg/dL	AST/ALT	24/16 IU/L
ALP/GGT	213/22IU/L	Amylase/Lipase	71/26 U/L
Prot/Alb	7.5/4.4 g/dL	BUN/Cr	15/0.9 mg/dL
Na/K	145/3.8 mg/dL	T-chol.	225mg/dL
PT INR/ aPTT	1.03 / 36.3 sec		

- **U/A:** unremarkable

Clinical course

- 2007. 3 Hepatolithiasis
- 2008. 5 Hepatolithiasis, cholangitis, liver abscess
- 2010. 7 Hepatolithiasis, cholangitis, liver abscess
- 2012. 4 Cholangitis with suspicious malignancy
- 2012. 4-10 Chemotherapy; Gemcitabine + Cisplatin

2007.03 CT, MRCP

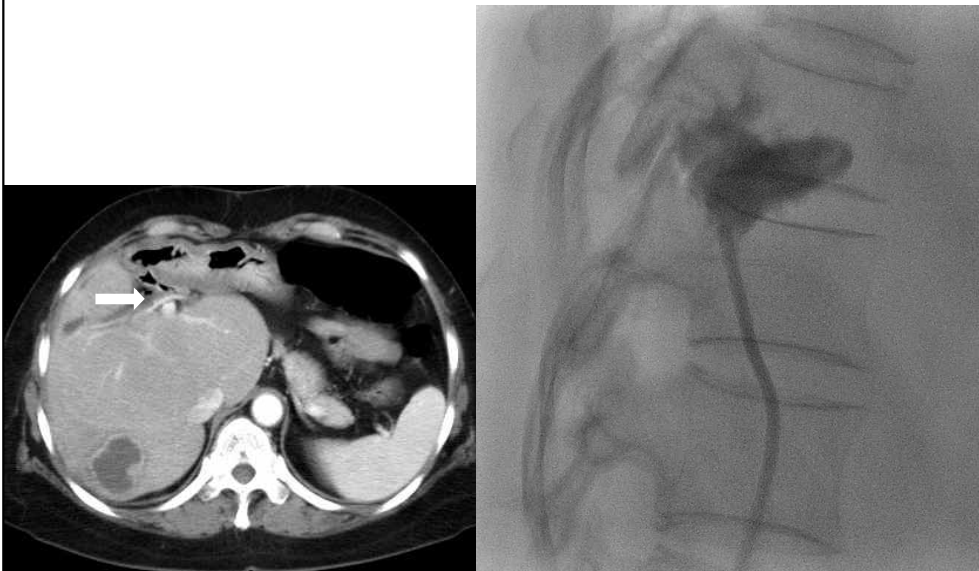


2007.04 PTCS

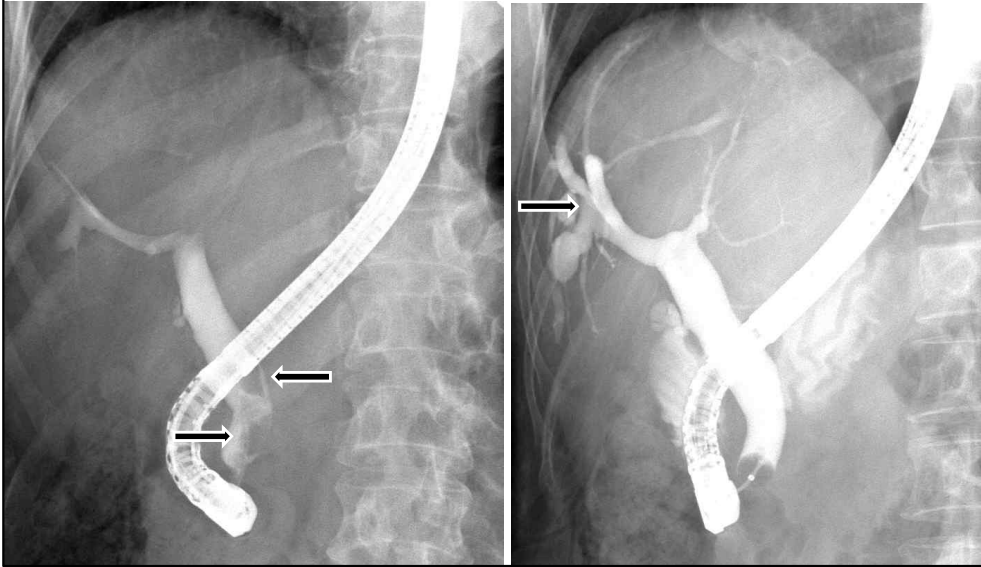
Clinical course

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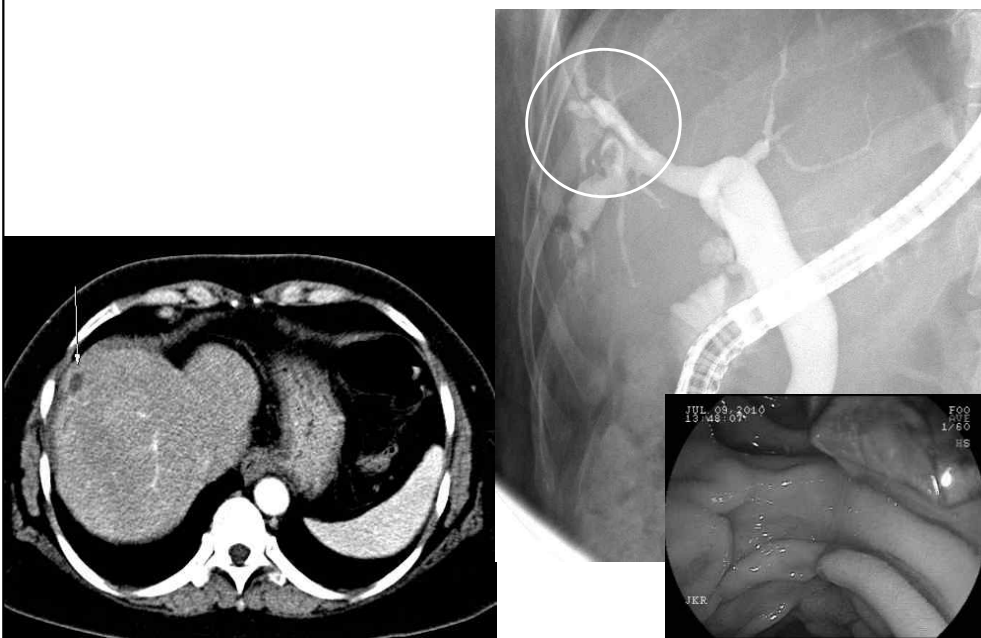
2008.05 CT, PCD



2008.05 ERCP



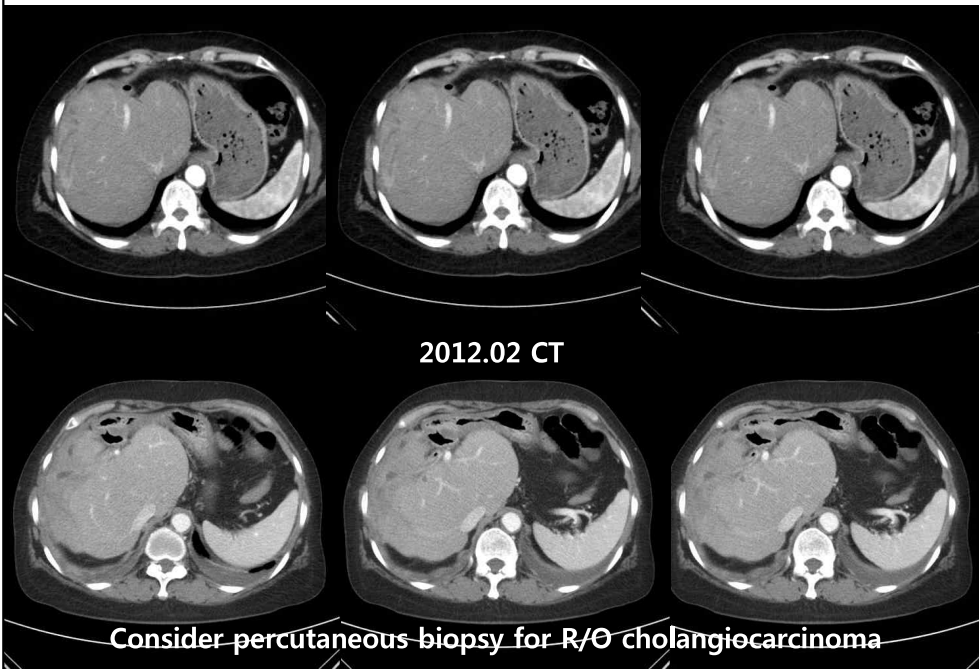
2010.07 CT, ERCP



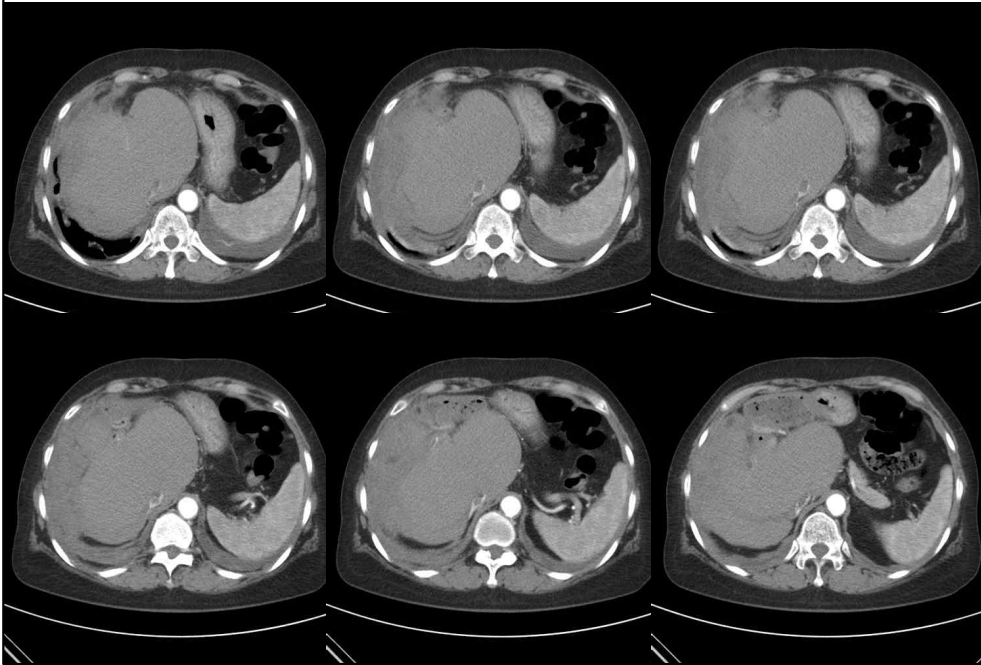
Clinical course

- Follow up at the local clinic
- 2012.2
 - Sudden onset severe RUQ pain, fever & chills, pleuritic pain
 - P/Ex- RUQ percussion tenderness
 - Local clinic; CT-cholangitis, elevated CA 19-9 ? (9277.00 U/mL), CEA (7.0 ng/mL)
 - Recurrent pyogenic cholangitis with suspicious bile duct rupture or associated cancer
 - Admission, IV antibiotics

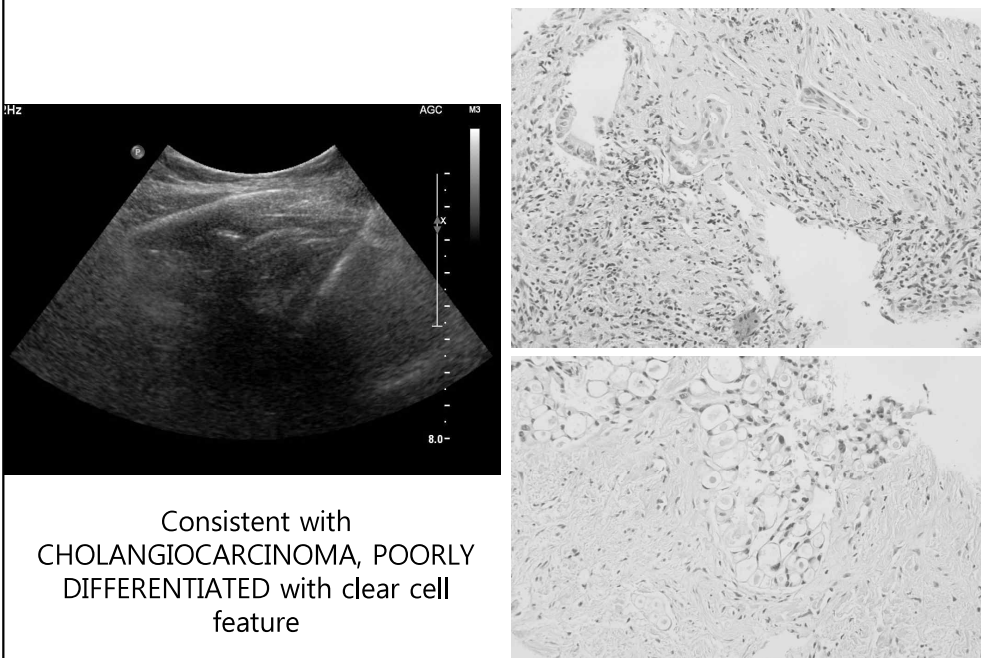
2007.03 CT

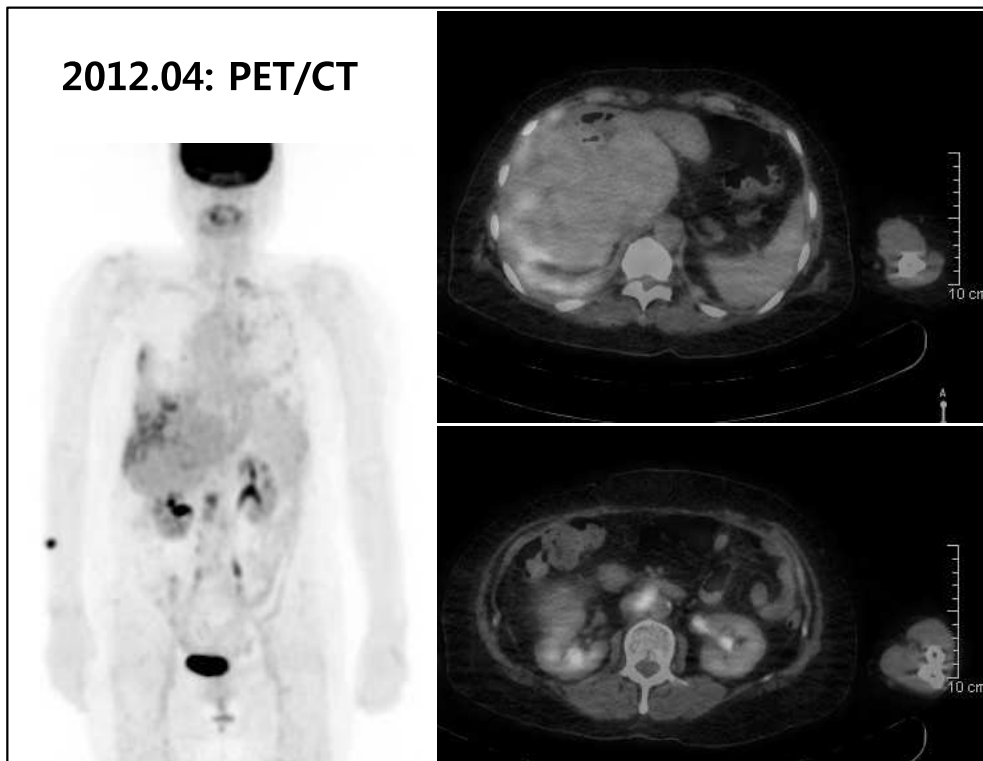


2012.04 CT



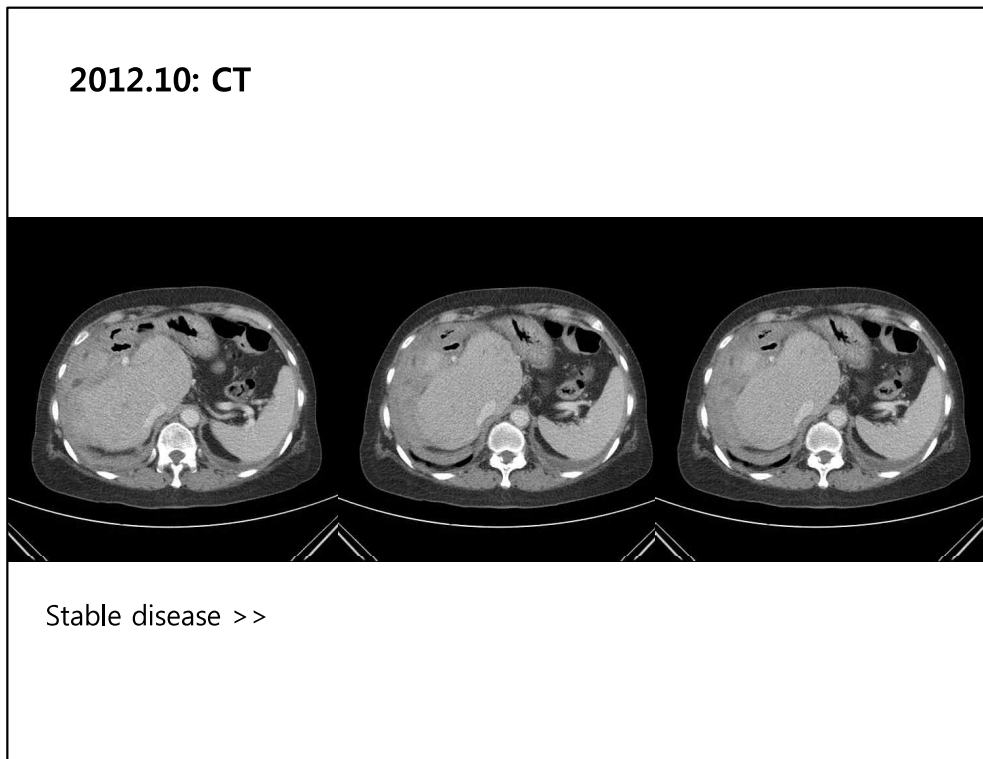
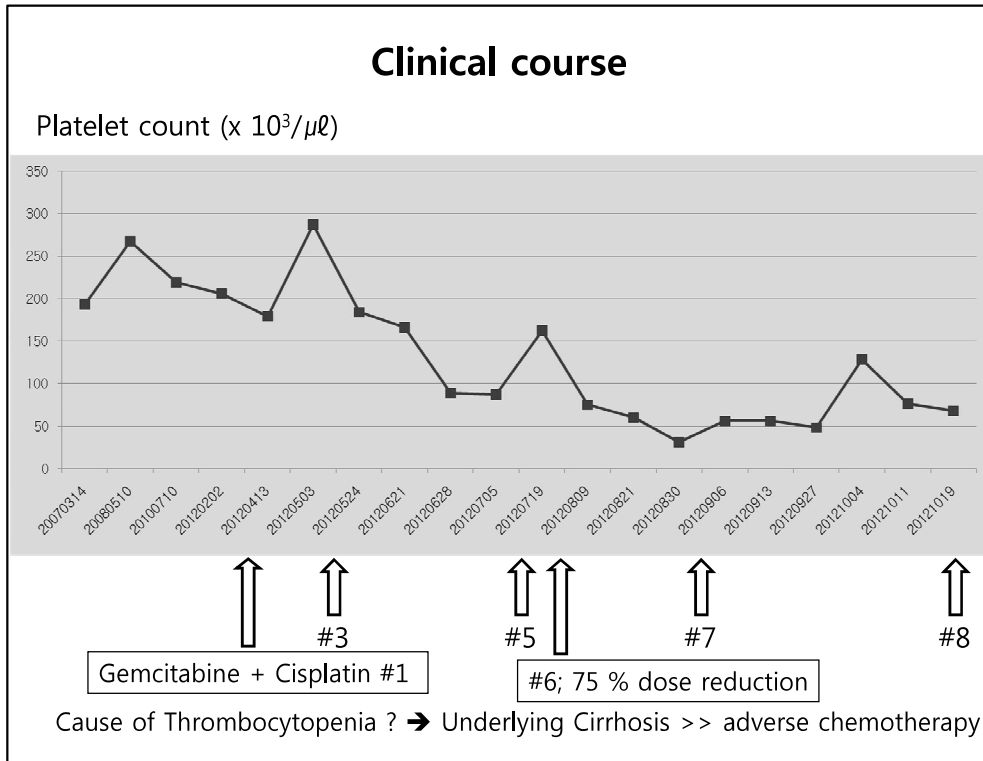
2012.04: Sono guided Bx./Pathology





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Clinical course

- 2002. Hepatolithiasis, left → left lobectomy with cholecystectomy
- 2007. 3 Hepatolithiasis, right → ERCP, PTCS, EHL
- 2008. 5 Hepatolithiasis, cholangitis, liver abscess → ERCP,PCD
- 2010. 7 Hepatolithiasis, cholangitis, liver abscess → ERCP
- 2012. 4 Cholangitis with suspicious malignancy → US guided Bx.
- 2012. 4~10 Chemotherapy; Gemcitabine + Cisplatin #8

Final diagnosis

Intrahepatic clear cell cholangiocarcinoma
after recurrent pyogenic cholangitis with hepatolithiasis.

Problems

- ✓ Suspicious malignancy in underlying cholangitis without definite mass lesion
→ diagnosis of cholangiocarcinoma.

- ✓ Hematologic toxicity with underlying Cirrhosis
→ dose adjustment of chemoagent.

- ✓ RPC, hepatolithiasis → screening of cholangiocarcinoma.

- ✓ Intrahepatic clear cell cholangiocarcinoma → " only 9 cases".