

A Case of Intrahepatic Cholangiocarcinoma with Pathologic Complete Response After Chemotherapy

**Dong Kee Jang, Kwang Hyun Chung, Ban Seok Lee, Sang Hyub Lee,
Ji Kon Ryu, Yong-Tae Kim**

*Department of Internal Medicine and Liver Research Institute, Seoul National University
College of Medicine, Seoul, Korea*

54세 여자가 약 1개월전부터 시작된 복통 및 소화불량을 주소로 타병원 방문하여 상부위장관 내시경검사를 하였으나 정상 소견이었고, 복부초음파 검사에서 간내종괴가 발견되어 추가평가를 위해 본원 내원하였다. 환자는 당뇨, 고혈압이 있었지만 만성간염의 병력은 없었다. 내원 후 시행한 혈액검사에서는 Total bilirubin 2.4 mg/dL, ALP 509 IU/L, AST 231 IU/L, ALT 220 IU/L, GGT 1591 IU/L 였으며, CA19-9는 113 U/mL로 상승되어 있는 것이 확인되었다. 복부전산화단층촬영에서는 간의 S8, S4, S5에 걸쳐 약 7 cm 크기의 조영증강의 되지 않는 종괴가 우측 간내담도 및 간문맥의 침범을 보이고 있는 것이 확인되었다. 경피경간조직검사 결과 최종 선암종으로 확인되어 완전절제가 어려운 간내담관암으로 진단되었다. 폐쇄성 황달에 대하여 경피경간담즙배액술을 시행하고 완화 항암치료로 3주 주기의 Gemcitabine + cisplatin (GP) 요법을 시작하였다. 환자는 이후 약 2년 9개월동안 총 40주기의 GP 항암치료를 지속하였고, 중간에 관을 통해 내부에 2개의 금속 스텐트 삽입을 하고, 경피경간담즙배액관은 제거하였다. 항암치료 중 다학제간접근을 위한 집담회에서 수술가능 여부에 대해서 토의하였으나, 혈관침범이 있어 수술이 어려울 것으로 판단되어 항암치료를 지속할 수 밖에 없었다. 40주기의 항암치료 후 종괴의 크기는 약 3 cm까지 줄었고, 양전자방출단층촬영에서도 대사항진부위가 관찰되지 않아 수술이 가능한 상태로 판단되어 외과에 의뢰하여 Extended right hemihepatectomy 및 portal vein segmental resection을 시행하였다. 수술 검체에 대한 최종 병리 보고에서는 잔존암은 없고 섬유화된 결절만 확인되었다. 본 증례는 절제가 불가능한 간내담관암에 대하여 항암치료를 통해 병리학 적 완전관해가 확인된 매우 드문 증례이다.

Case Presentation

• F/54

• CC:

Abdominal pain (onset: 1 MA)

• **Present illness:**

Developed **abdominal pain** with indigestion 1 month ago. While upper endoscopy revealed no abnormality, abdominal ultrasonography showed **intrahepatic mass** at outside hospital. Admission for further evaluation.

Case Presentation

• **Past medical history**

- Hypertension (3Y)
- DM (3Y)
- h/o spinal stenosis s/p operation (10 YA)
- Chronic hepatitis (-)

• **Social history**

- Smoking (-)
- Alcohol (-)

Initial Laboratory Results

- **CBC**

- WBC 9,940/uL, Hb 13.0 g/dL, platelet 309,000/uL

- **Chemistry**

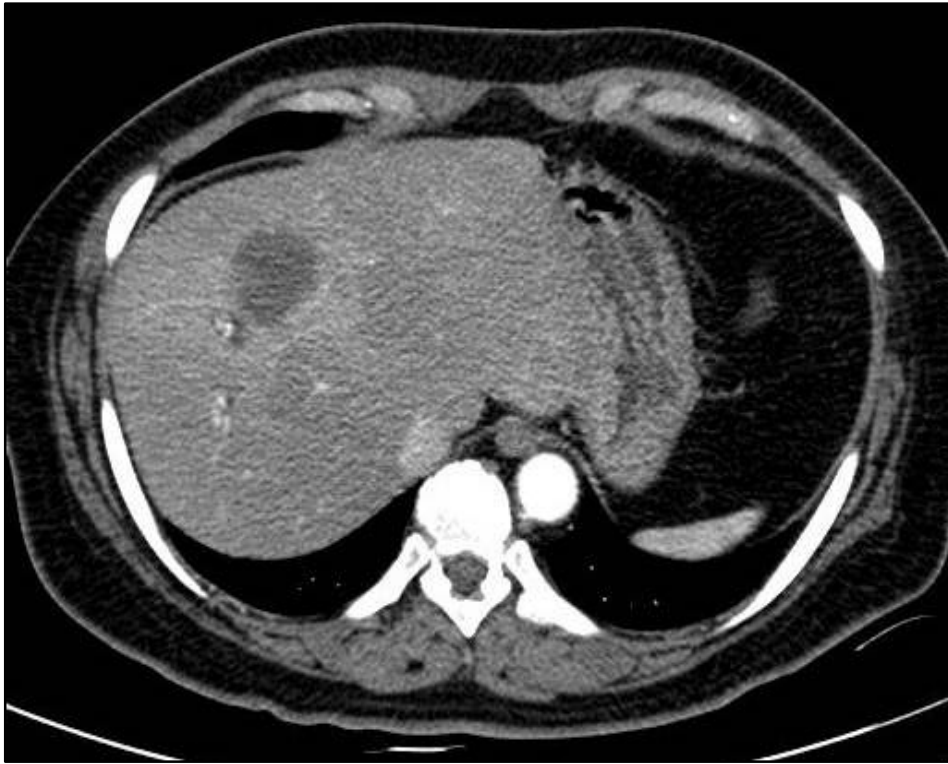
- Chol 298 mg/dL, Tprot 8.0 g/dL, Alb 4.6 g/dL, Tbil **2.4** mg/dL, ALP **509** IU/L, AST **231** IU/L, ALT **220** IU/L, GGT **1,591** IU/L

- HBsAg (-), Anti-HCV Ab (-)

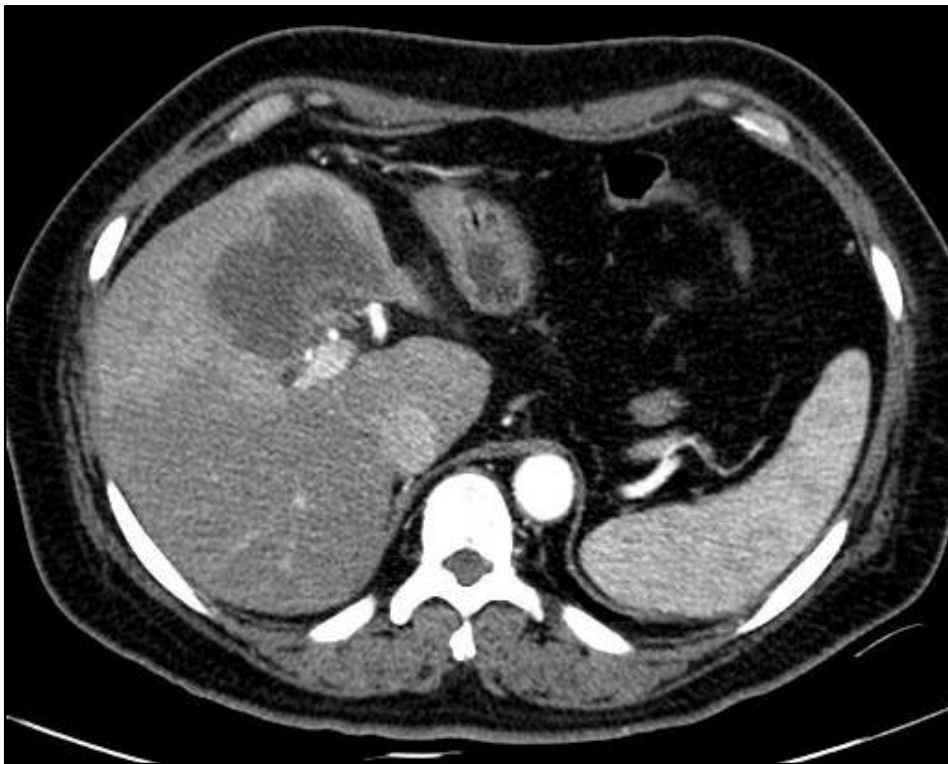
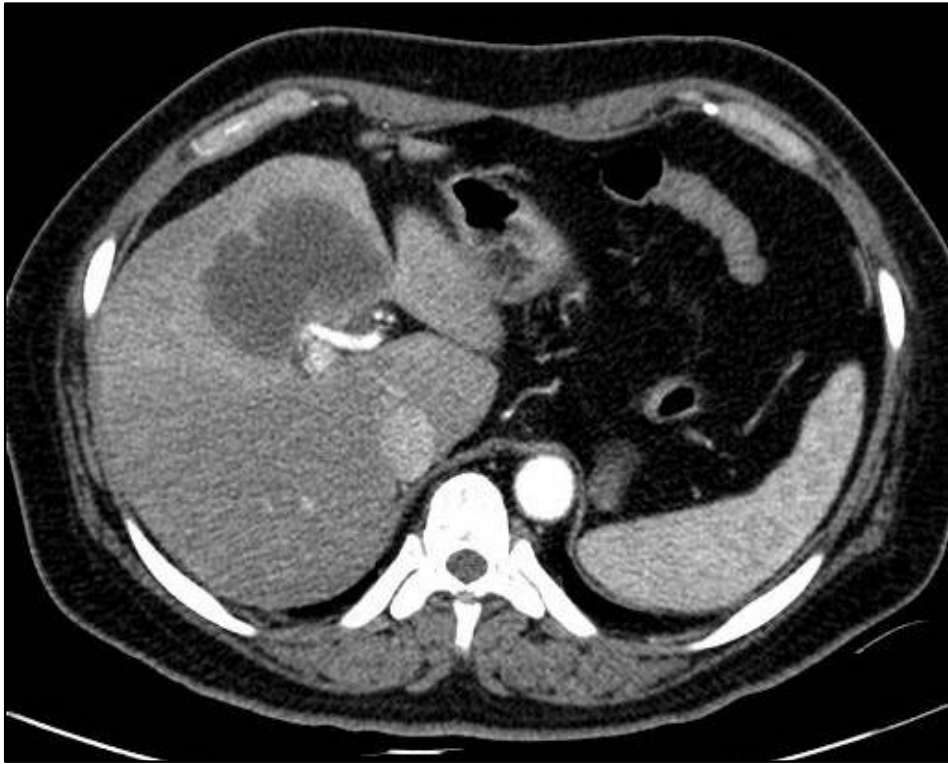
- **Tumor marker**

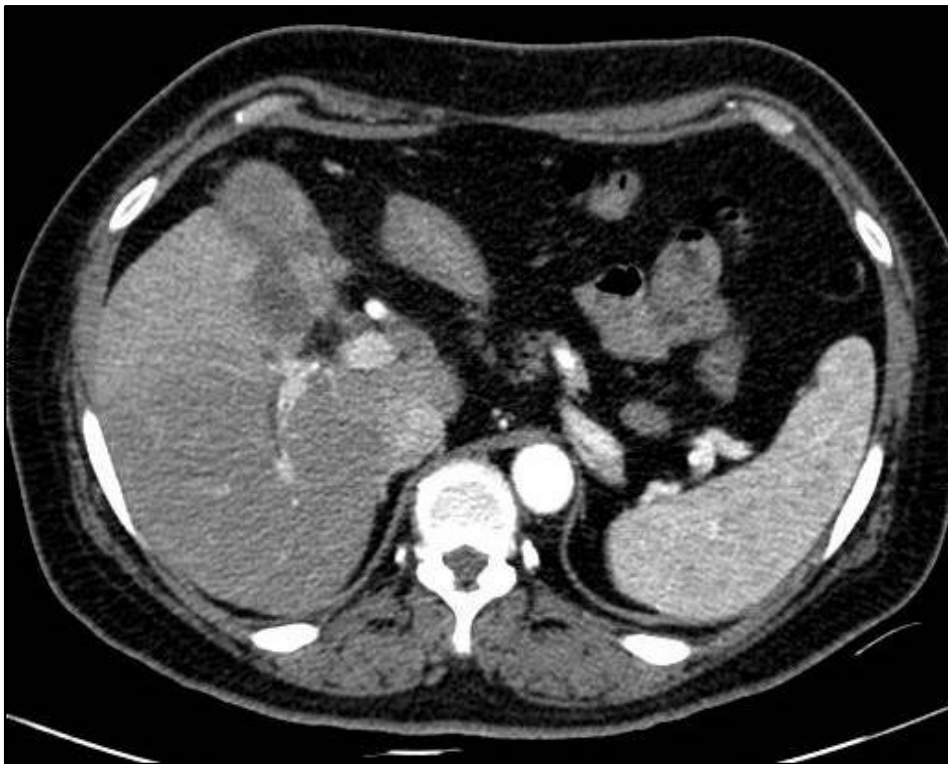
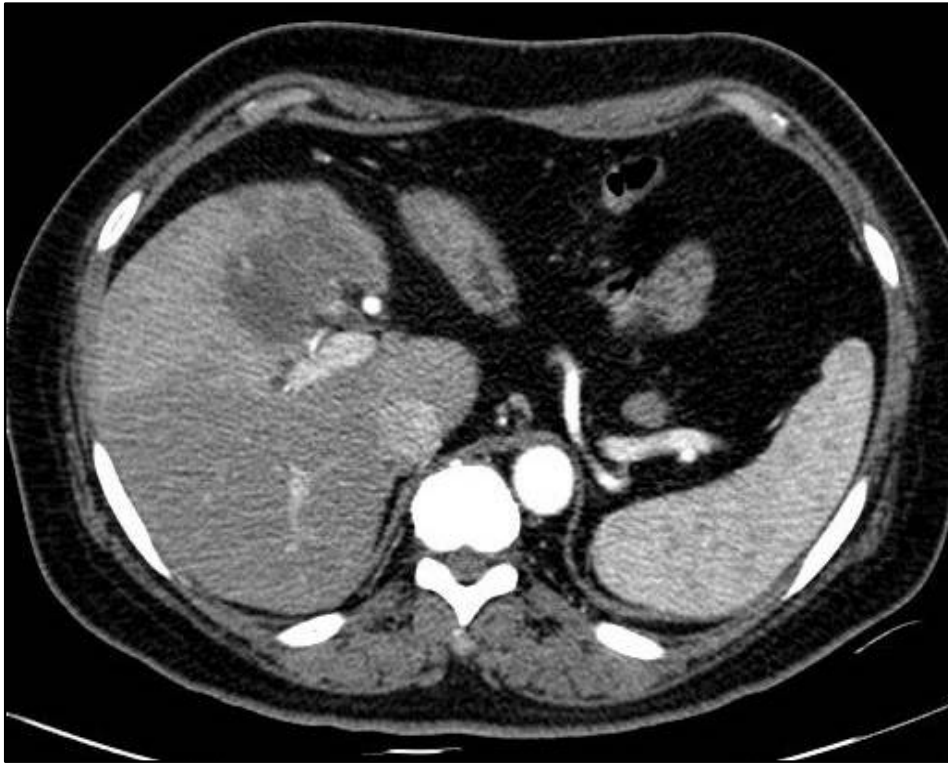
- AFP 2.7 ng/mL, CA19-9 **113** U/mL

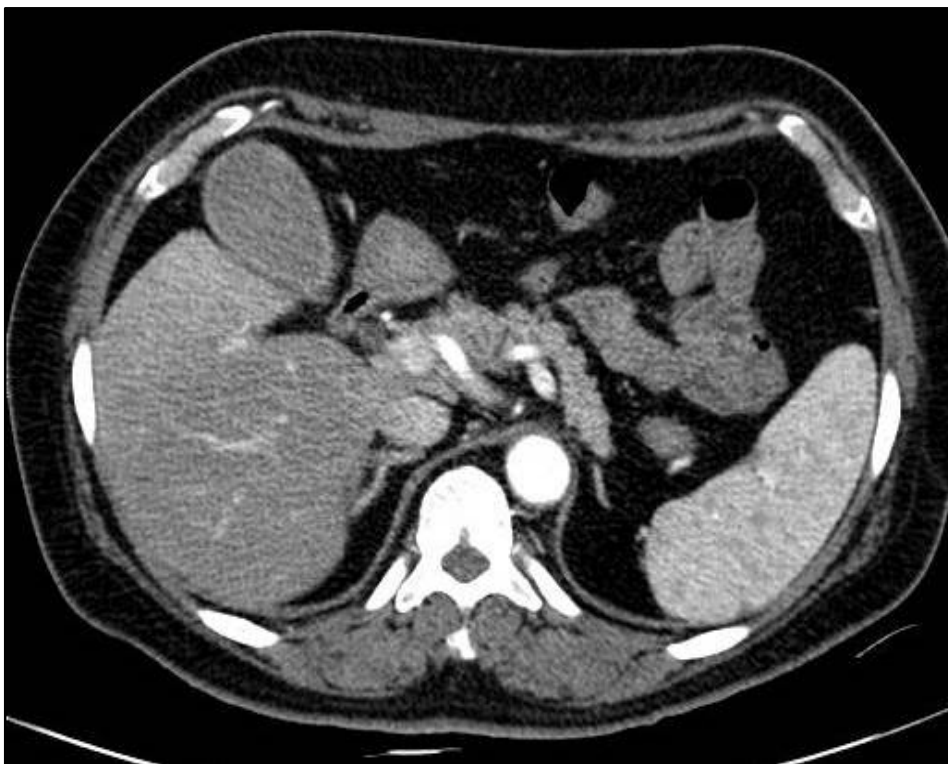
Abd CT (2011-07-20, Initial)











Initial Assessment and Plan

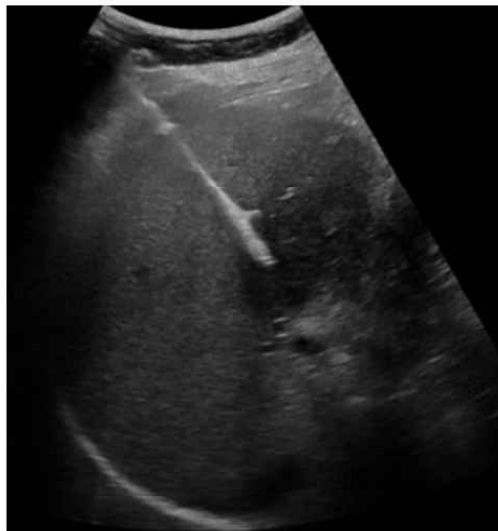
- **Initial assessment**

Locally advanced intrahepatic cholangiocarcinoma
with low possibility of complete resection

- **Initial plan**

- Pathologic diagnosis: **Percutaneous transhepatic biopsy**
- Biliary decompression: **PTBD**
- Treatment: **Palliative chemotherapy**

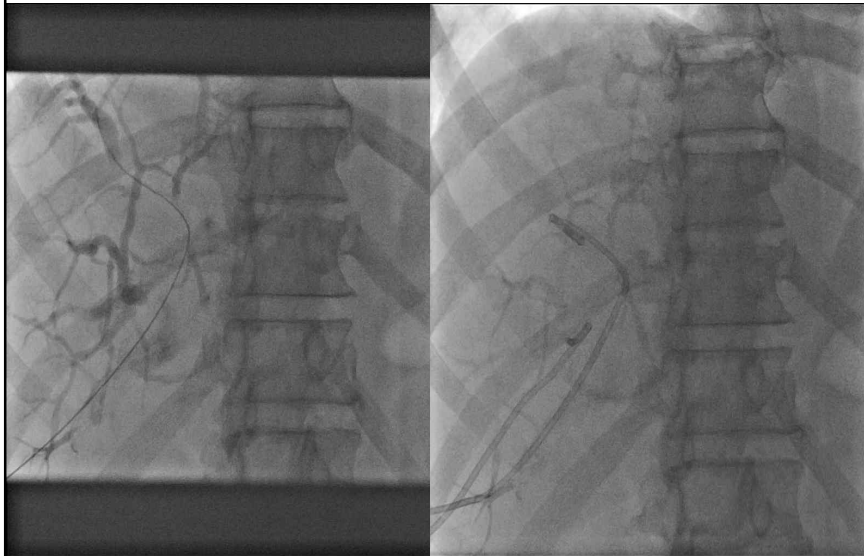
Percutaneous Transhepatic Biopsy (2011-07-28)



- **Pathology**

- **ADENOCARCINOMA** in liver

PTBD Insertion (2011-08-04)



* T.Bil: 2.4 (initial) → 9.4▲

Chemotherapy

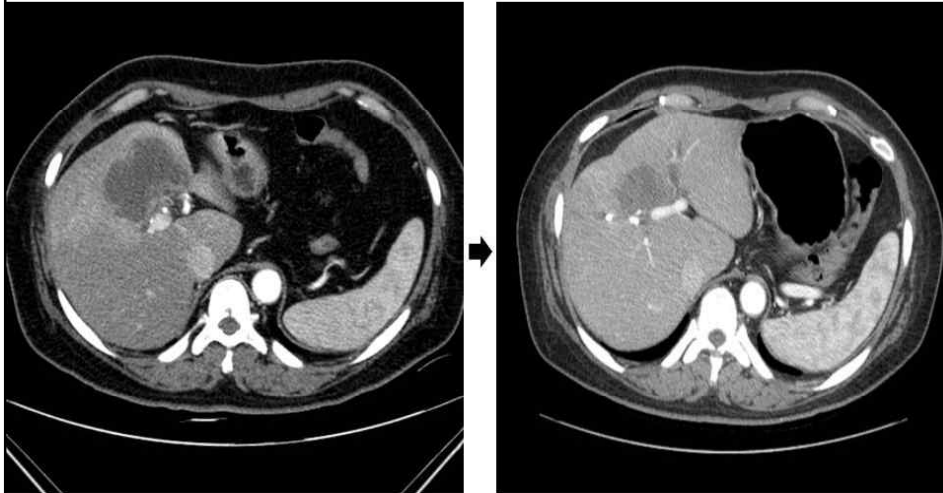
- 2011-08-11

start **GP** (gemcitabine + cisplatin) #1 chemotherapy

Gemcitabine 1,700 mg D1,8 + Cisplatin 25 mg/m² D1,8

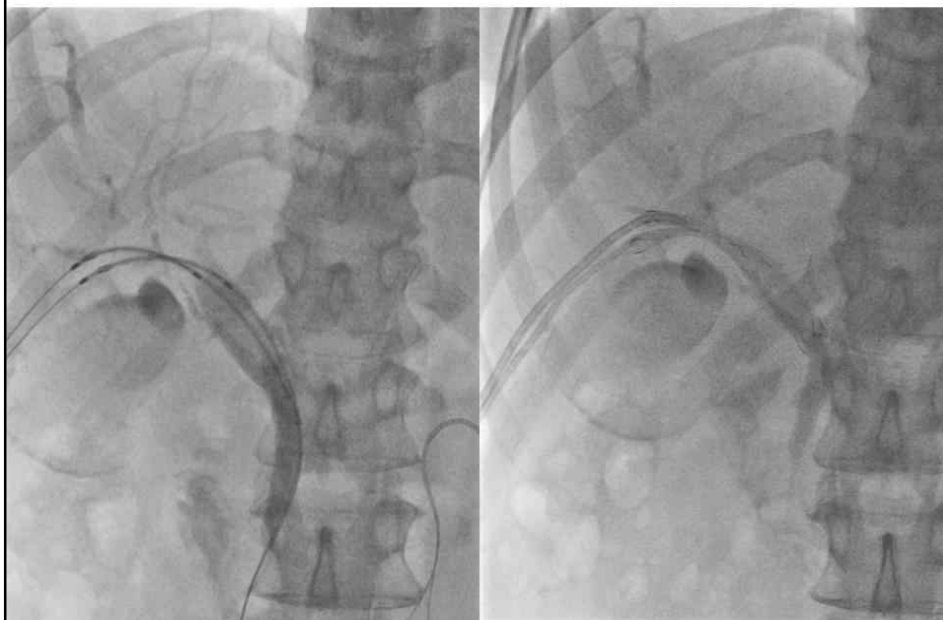
q3wk

Abd CT (2011-12-09) after GP#6



Initial (2011-07-20)

Biliary Metal Stent Placement via PTBD (2012-02-27)



Abd CT (2012-08-22) after GP#17



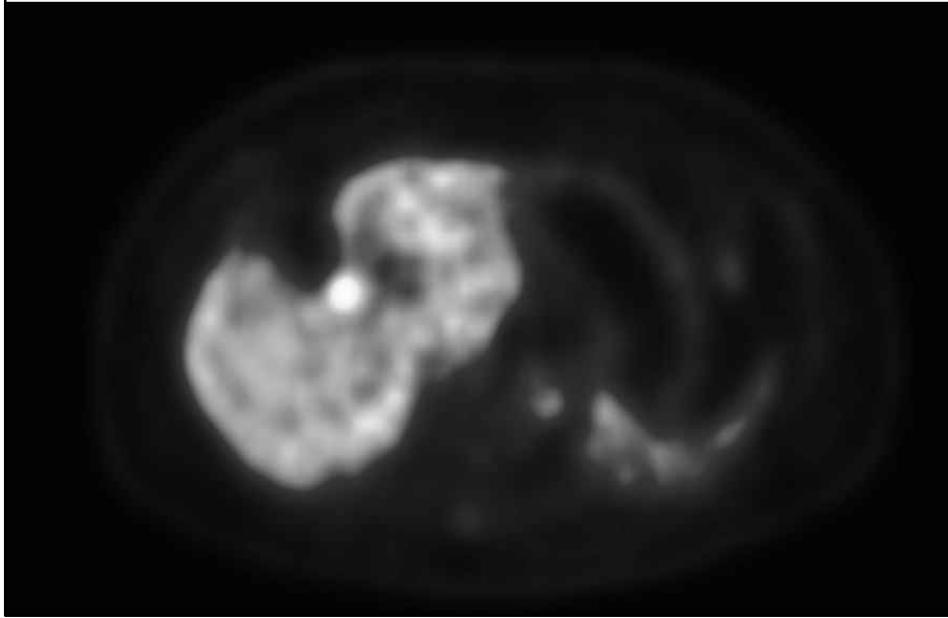
Plan ?

Surgery

vs.

Continue chemotherapy

PET (2012-11-22) after GP#21



Abd CT (2013-01-24) after GP#24



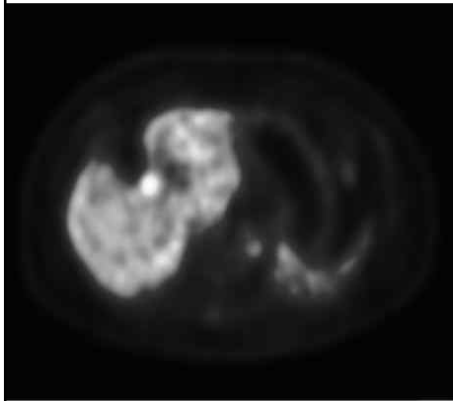
Plan

- Discussed in the **conference** for multidisciplinary approach
 - ▶ Continue chemotherapy

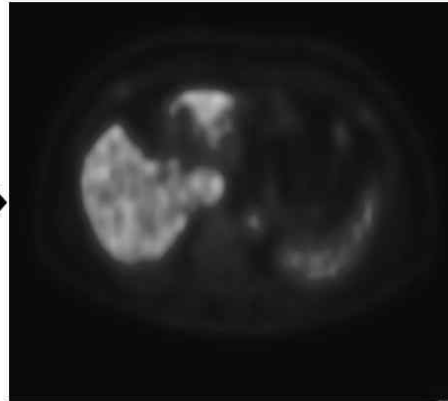
Abd CT (2013-08-16) after GP#32



PET (2014-02-07) after GP#38

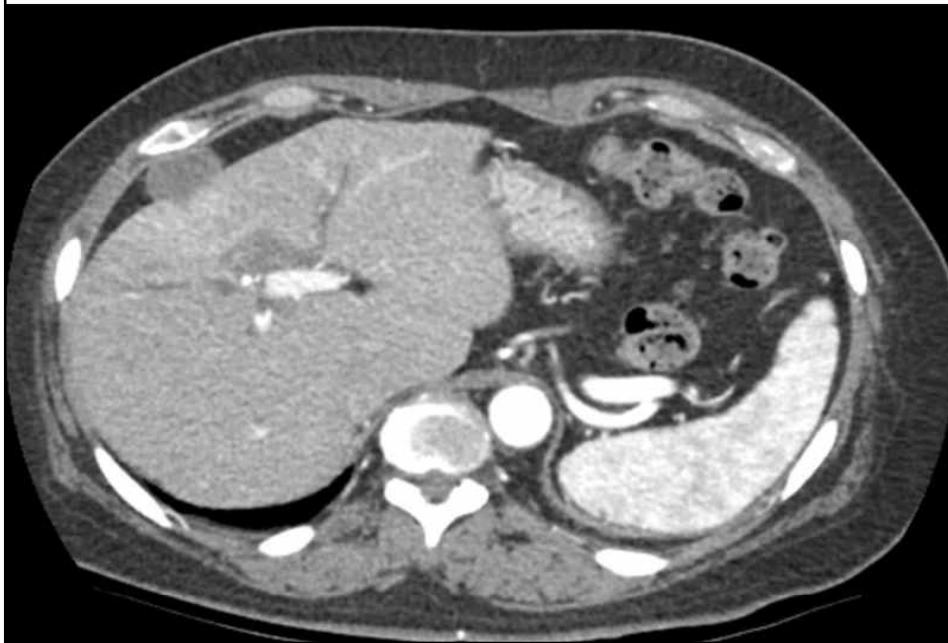


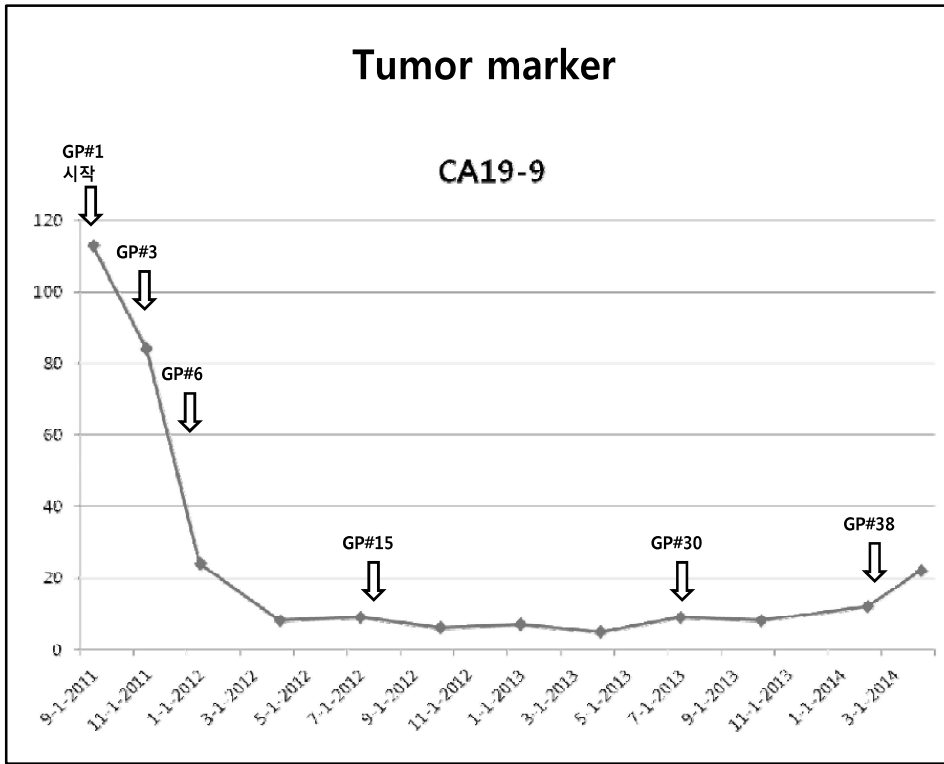
2012-11-22



2014-02-07

Abd CT (2014-05-12) after GP#40





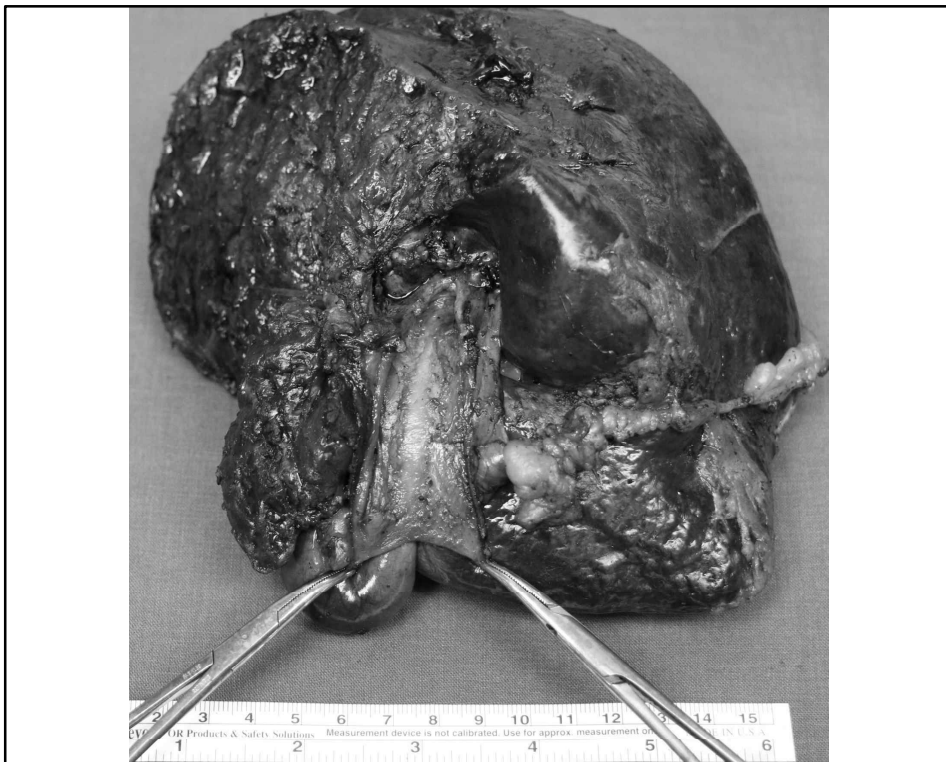
Plan

▶ **Surgery**

Surgery

• 2014-05-14

Extended **Right hemihepatectomy** with portal vein segmental resection



Final Pathology Report

- Extrahepatic bile duct and liver, extended right hemihepatectomy:

- **No residual tumor**, right intrahepatic bile duct with
 - 1) post-chemotherapy status
 - 2) hyalinized fibrotic nodule (2.5×2.3×2.2 cm)
 - 3) clear resection margin
 - (Fro#1, distal bile duct margin: no tumor)
 - 4) no metastasis in three lymph nodes (LN#13, 0/3)

- Gallbladder, cholecystectomy: chronic cholecystitis