

A Case of Combined Hepatocellular-cholangiocarcinoma Misdiagnosed as A Primary Gallbladder Cancer with Liver Invasion

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Combined hepatocellular-cholangiocancer (cHCC-CC) is a rare type of primary liver cancer.

According to current WHO classification, cHCC-CC was classified into two types; classical type and type with stem cell feature. Because of the cHCC-CC of stem cell feature is very rare, its preoperative diagnosis and treatment options remain unclear. We report the case of a patient with a preoperative diagnosis of gallbladder cancer with liver invasion who was treated with gemcitabine based chemotherapy followed by surgical resection. However, the patient's post-resection pathology was indicative of cHCC-CC with stem-cell features, intermediate-cell subtype and resected specimen showed cancer-free surgical margins.

Key Words: Combined hepatocellular-cholangiocarcinoma, Chemotherapy, Surgical resection

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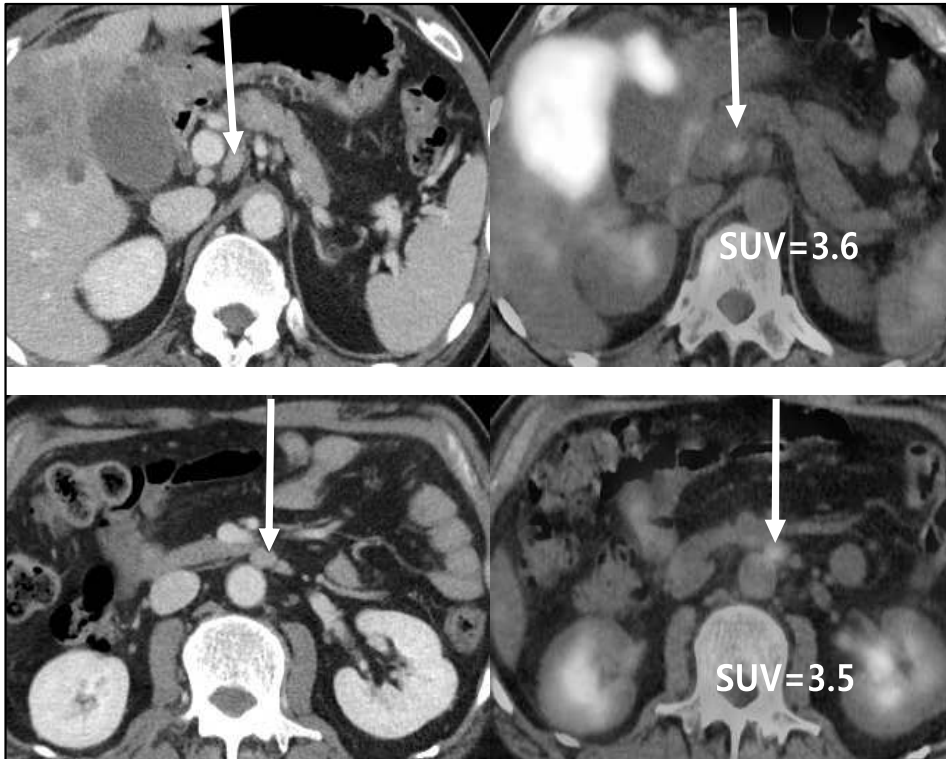
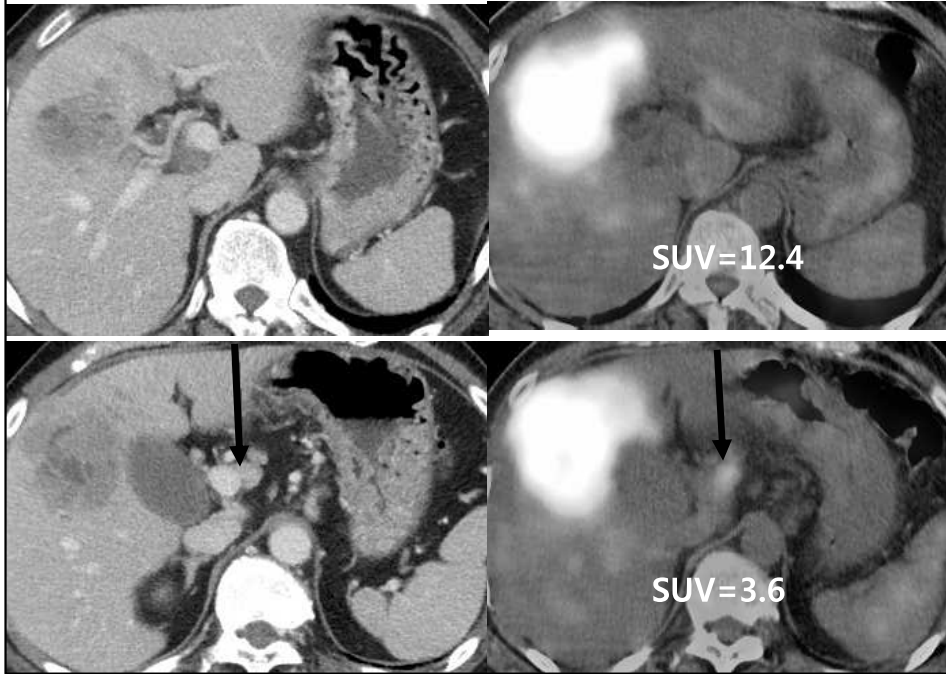
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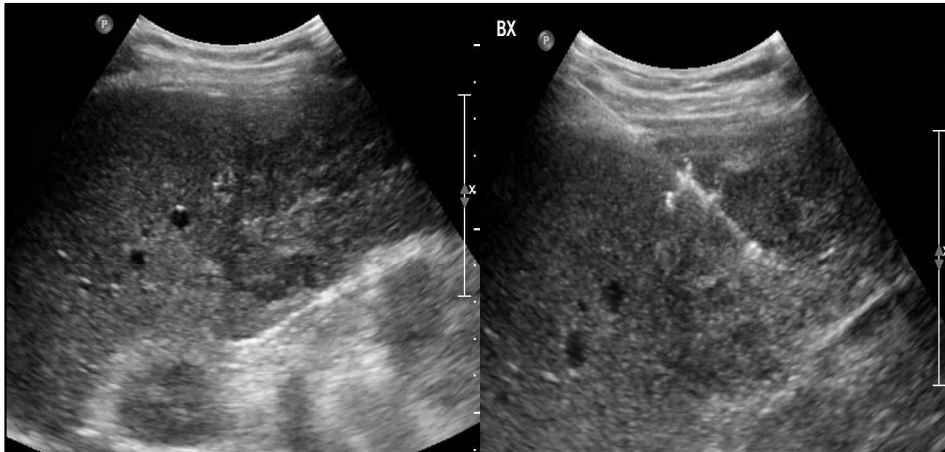
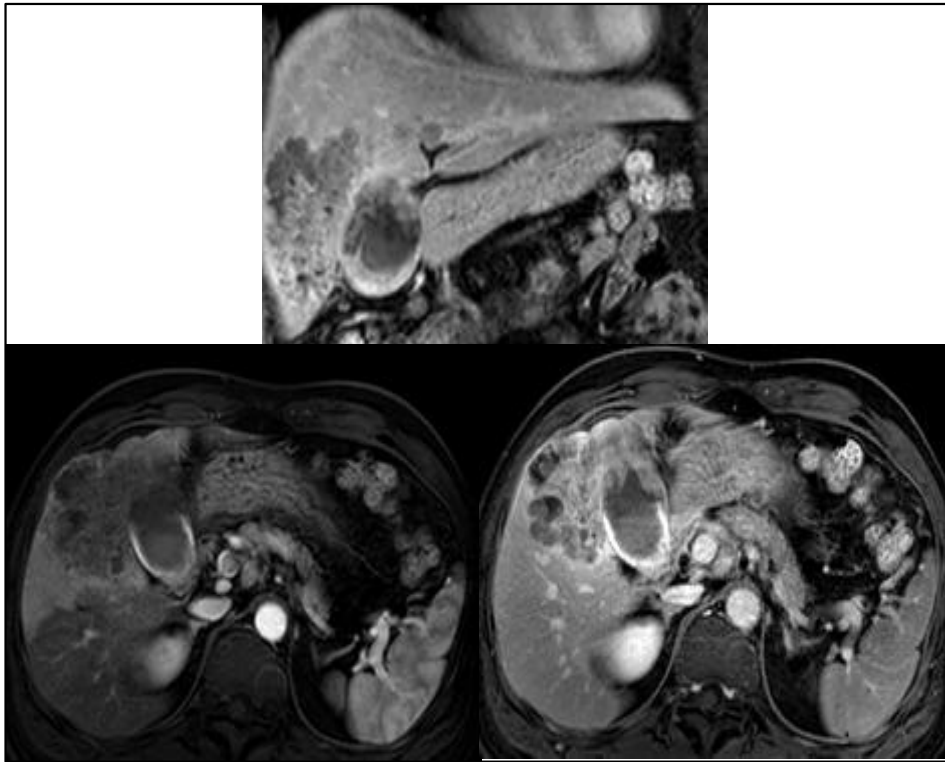
- C/C: RUQ pain (2 days ago)
- P/I: 2일 전 RUQ pain, fever
 - 타 병원에서 항생제 투약 후 호전
 - CT에서 간, 담낭 종괴 의심되어 내원
- Past medical history: pulmonary tbc tx. 병력
- Review of system: n-s
- P/E: not icteric, mass/tenderness (-/-)

Lab. Findings

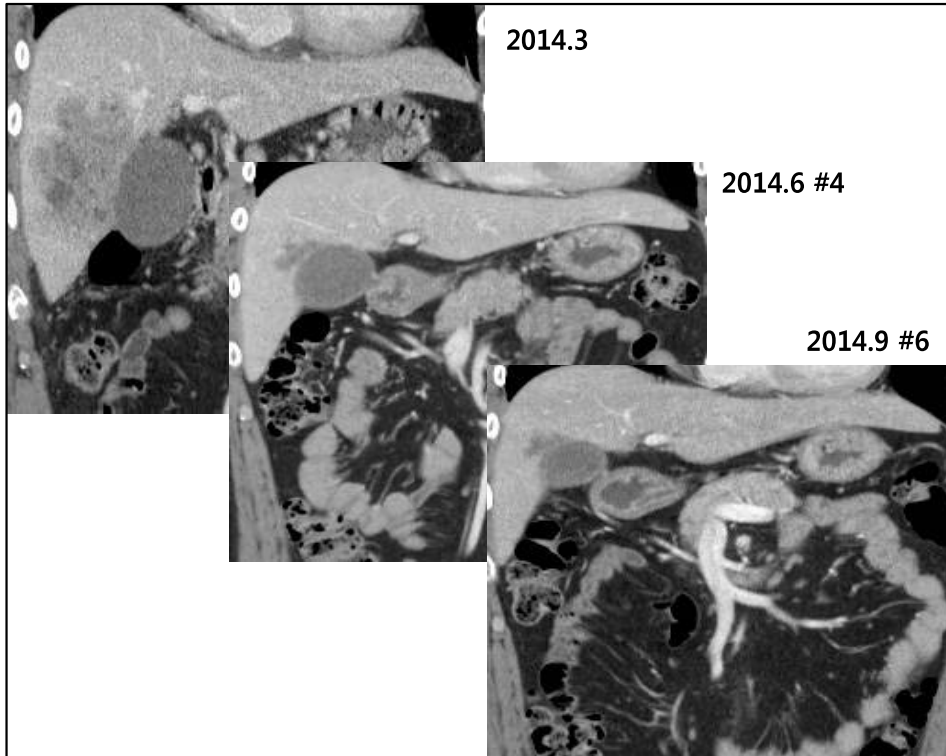
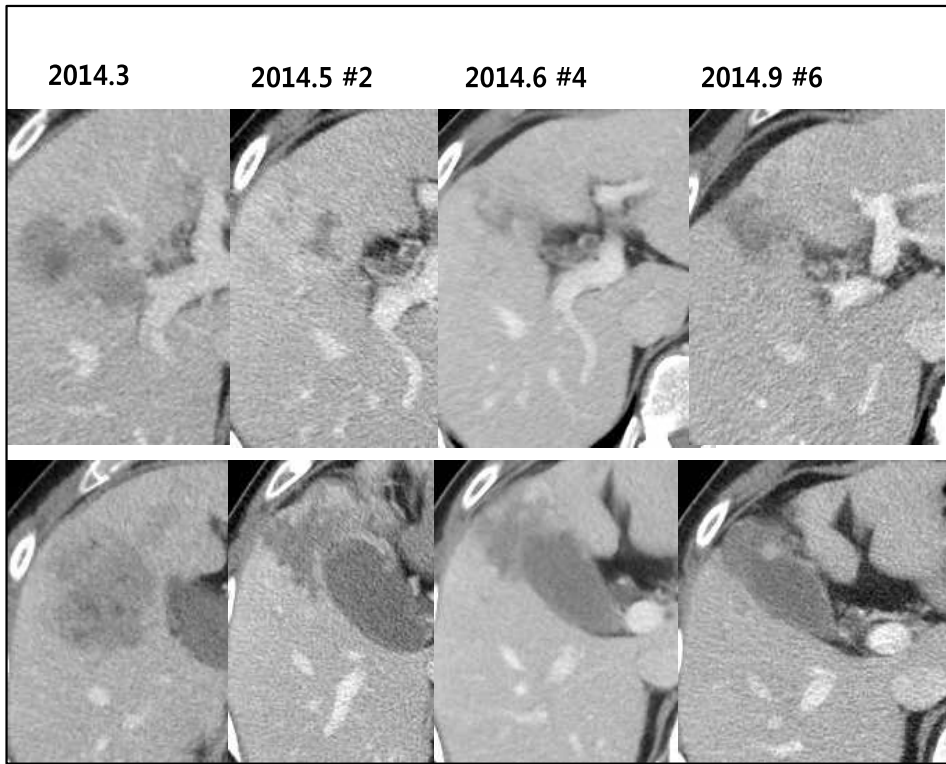
- WBC 7,260/mm³, Hb 13 g/dL, platelet 353,000/mm³
- total cholesterol 165 mg/dL, protein/ albumin 6.9/ 4.4 g/dL,
- total bilirubin 0.6 mg/dL, ALP/AST/ALT 178/31/21 U/L
- Fasting blood glucose 94 mg/dL
- BUN/creatinine 17/1.3 mg/dL
- HBsAg/anti-HCV Ab (-/-)
- CEA 2.3 ng/mL, CA19-9 18 U/mL(0-37 U/mL)

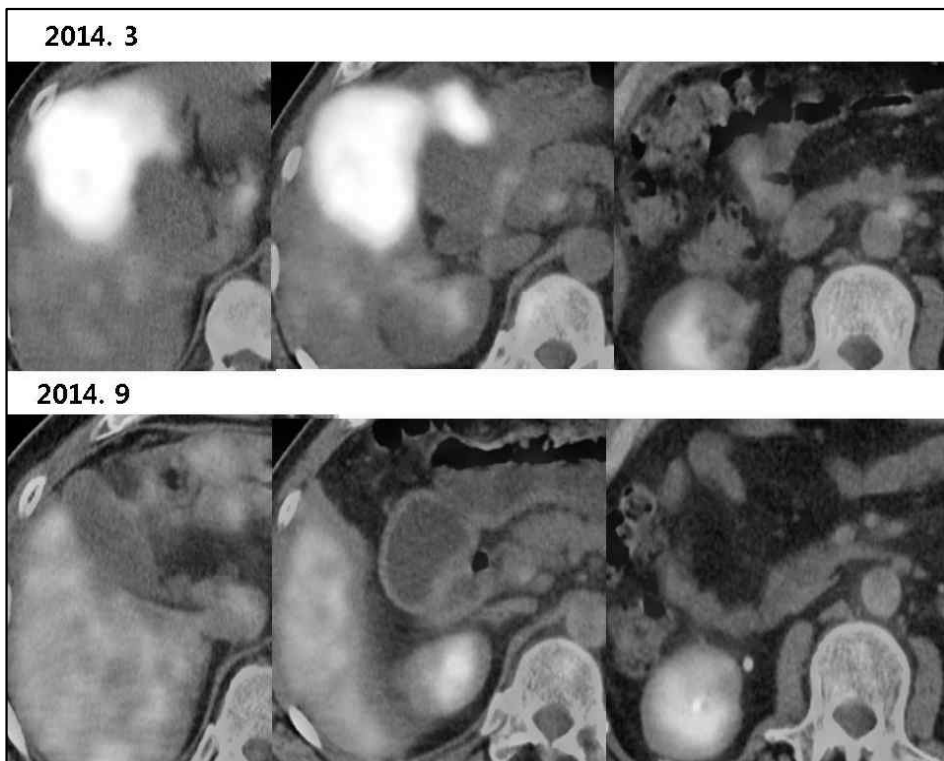
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- Liver, needle biopsy: Adenocarcinoma, moderately differentiated
- Gemcitabine 1,870 mg (1,000 mg/m²), cisplatin 47 mg (25 mg/m²)
D1, D8 → every 3 week, 6 cycle





Hospital Course

- GB cancer

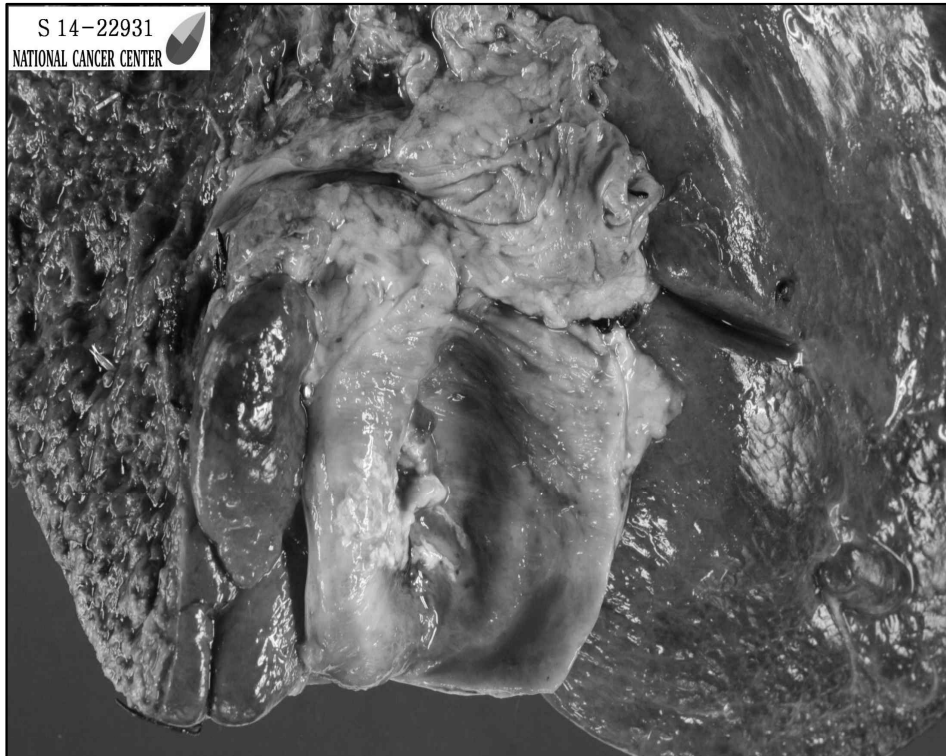
with liver invasion, S4 bile duct invasion, LN metastasis

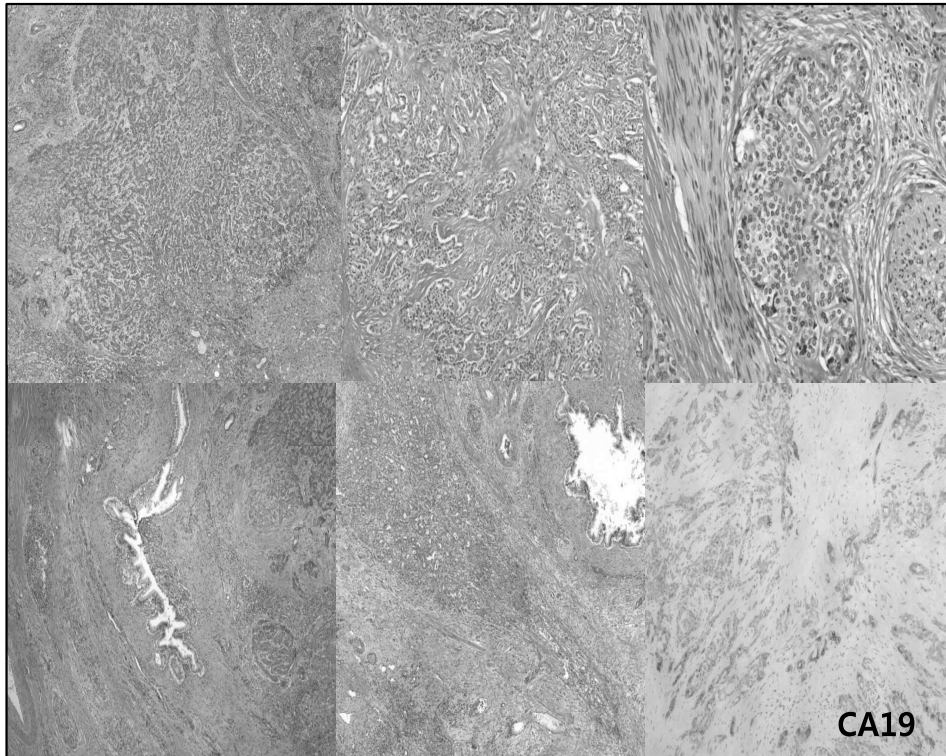
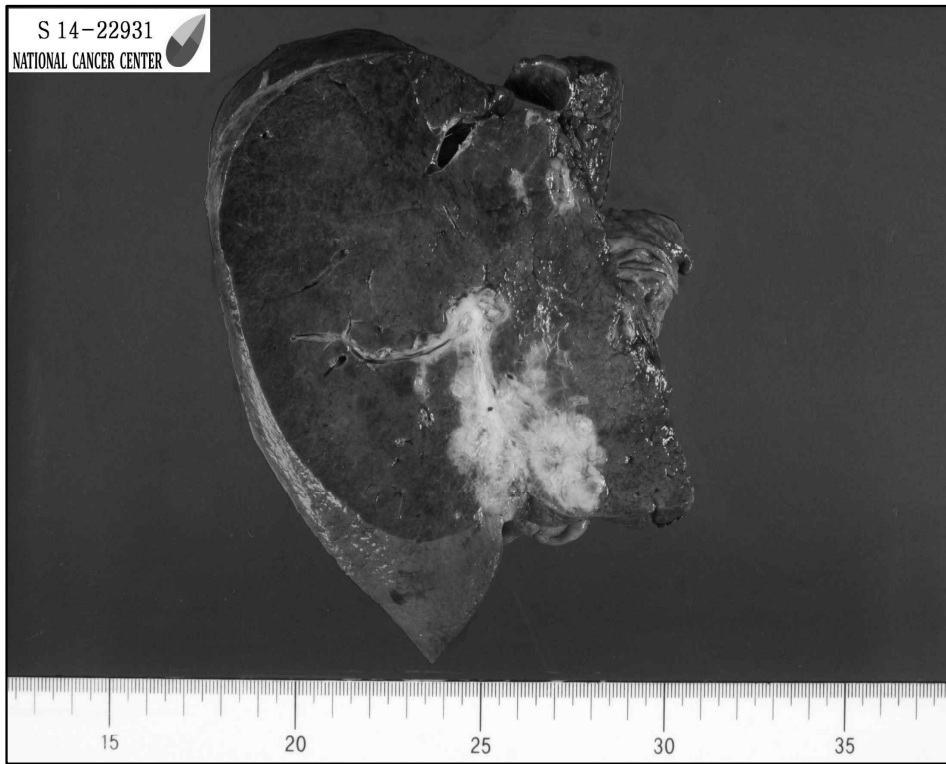
- 2014. 3~2014.8 gemcitabine + cisplatin, 6 cycle; PR

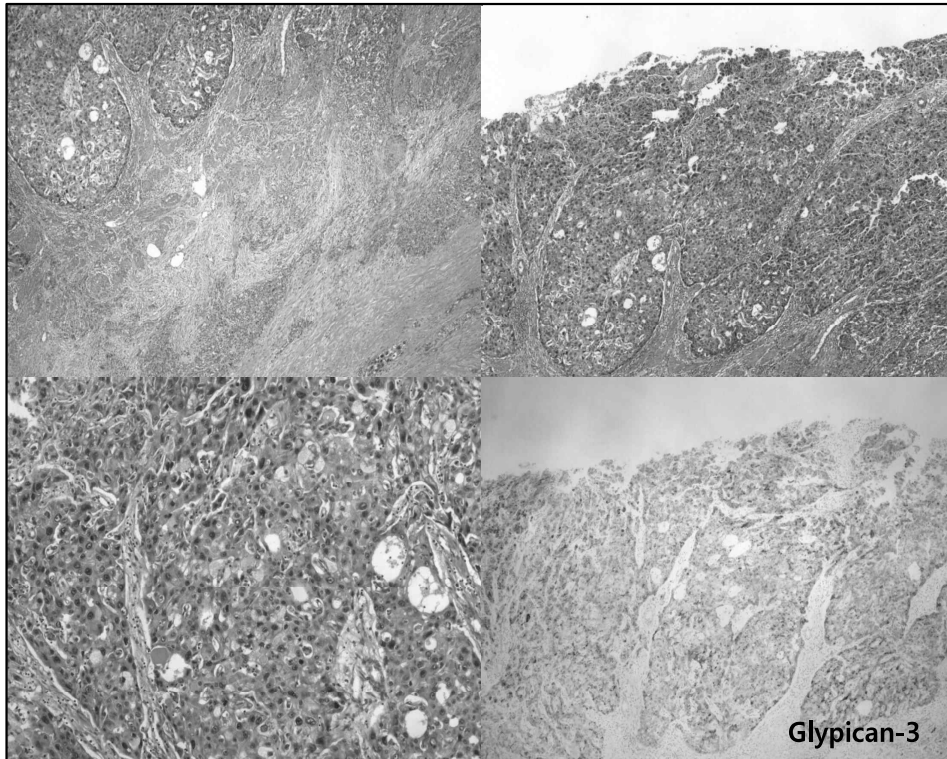
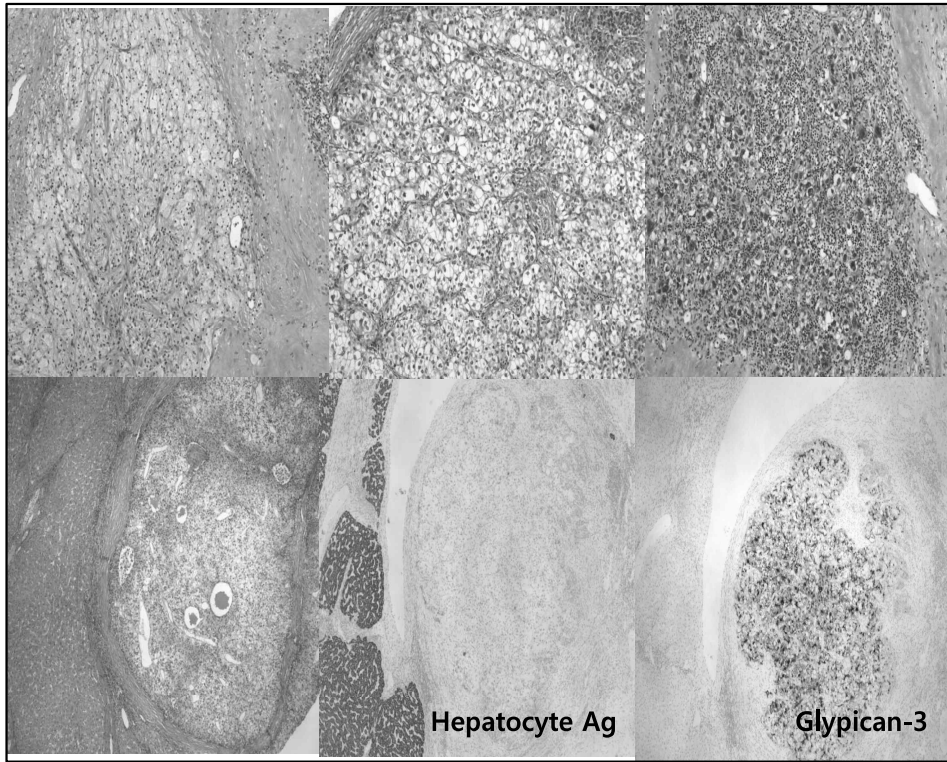
- 2014. 9 Rt. portal vein embolization

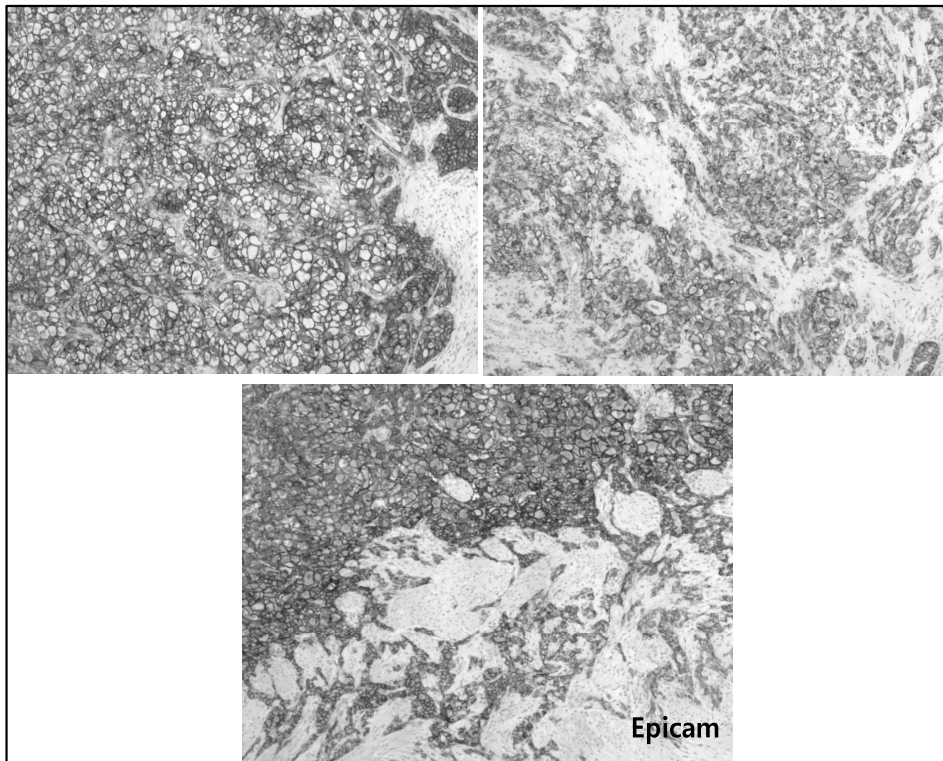
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Extended Rt. Hemihepatectomy with bile duct resection









Pathologic Findings

Liver and bile duct, right hemihepatectomy and bile duct resection:
Combined hepatocellular-cholangiocarcinoma
with stem cell feature, intermediate cell type

- 1) Post-chemotherapy status
- 2) Size of tumor: 5.0x3.0x1.5 cm
- 3) Gross type: infiltrative
- 4) Satellite nodule: absent
- 5) Histologic type: combined hepatocellular-cholangiocarcinoma
- 6) Cell type: classic
- 7) Edmondson and Steiner's histologic grade:
 - The worst differentiation: IV
 - The major differentiation: II
- 8) Fatty change: absent
- 9) Hemorrhage/peliosis: absent
- 10) Tumor necrosis: present (10%)
- 11) Vascular invasion (microscopic): present
- 12) Capsule formation: absent

- 13) Infiltration of capsule: absent
- 14) Septal formation: absent
- 15) Involvement of a major branch of the portal vein: absent
- 16) Involvement of a major branch of the hepatic vein: absent
- 17) Bile duct invasion: present
- 18) Serosal invasion: present (adjacent organ, gallbladder)
- 19) Surgical margin: free (safety margin: 2.3 cm from common bile duct margin,
3.0 cm from left hepatic duct margin,
1.8 cm from liver resection margin)
- 20) Lymph node: no metastasis in 13 lymph nodes (pericholedochal LN: 0/11,
LN #12: 0/0, LN #16 (Fro 1, 2): 0/2)
- 21) Intrahepatic metastasis: absent
- 22) Multicentric occurrence: absent
- 23) Pathologic stage: AJCC 2010 (ypT2N0), 간암연구회(ypT3N0)
- 24) Additional pathologic findings: none

Gallbladder, cholecystectomy: Involved by tumor

Common hepatic duct and right and left hepatic duct, resection: No tumor present