

A Case of Klatskin Tumor Showing Slow Progression

Min Kyu Kang, Kook Hyun Kim, Tae Nyeun Kim

Department of Internal Medicine, Yeungnam University College of Medicine, Daegu, Korea

1. Case presentation

A 64-year-old man was admitted due to jaundice for 2 weeks. Abdominal CT and MRCP revealed biliary stricture at the hepatic hilum with intrahepatic duct dilation suggesting type IV Klatskin tumor. Jaundice improved spontaneously several days after hospitalization. Surgical treatment was considered but he only wanted to observe without specific treatment. Laboratory results were normal during follow-up. Ten months later, he was re-admitted due to recurrence of jaundice. CT scan showed no significant difference compared to previous results. Serum CA 19-9 and IgG4 were normal. Tissue diagnosis using ERCP revealed chronic inflammation and ENBD was performed for biliary decompression. Corticosteroid was tried under possible diagnosis of IgG4 related cholangiopathy. There was a partial improvement in biliary stricture and ENBD was removed after 28 days. Afterwards, he did not have any problems and no significant change was noted in follow-up imaging studies. Four years later, he was hospitalized with occurrence of acute cholangitis. ERBD was performed following endobiliary forcep biopsy. Pathology revealed well-differentiated adenocarcinoma at this time.

2. Diagnosis

Klatskin tumor (Well differentiated adenocarcinoma)

3. Therapy and Clinical course

Combined chemotherapy with gemcitabine and cisplatin was conducted and partial response was observed. He is currently under chemotherapy.

4. Conclusion

We reported an unusual case of Klatskin tumor showing slow progression.

Key words: Klatskin tumor, IgG4, Adenocarcinoma, Gemcitabine, Cisplatin

REFERENCES

1. Kazuich O, Masahito Y, Toshiyuki M, Kazushige U. Recent advances in the concept and pathogenesis of IgG4-related disease in the hepato-bilio-pancreatic system. *Gut Liver* 2014;8:462-470.
2. Weber A, von Weyhern C, Fend F, et al. Endoscopic transpapillary brush cytology and forceps biopsy in patients with hilar cholangiocarcinoma. *World J Gastroenterol* 2008;14(7):1097-1101.

MEMO

64/M

• **Chief Complaints**

- Jaundice for 2 weeks

• **Present Illness**

- 2주 전부터 jaundice, reddish urine, pruritis 있어 LMC 방문하여 시행한 복부 단층 촬영에서 이상소견 있어 본원 외래 통해 입원

• **Past Medical Hx**

- Hypertension (30년 전): ACE inhibitor

• **Social Hx**

- Non-smoker
- Alcohol: social
- No familial history, No herb medication

• **Review of system**

- General weakness, Fatigue
- Jaundice

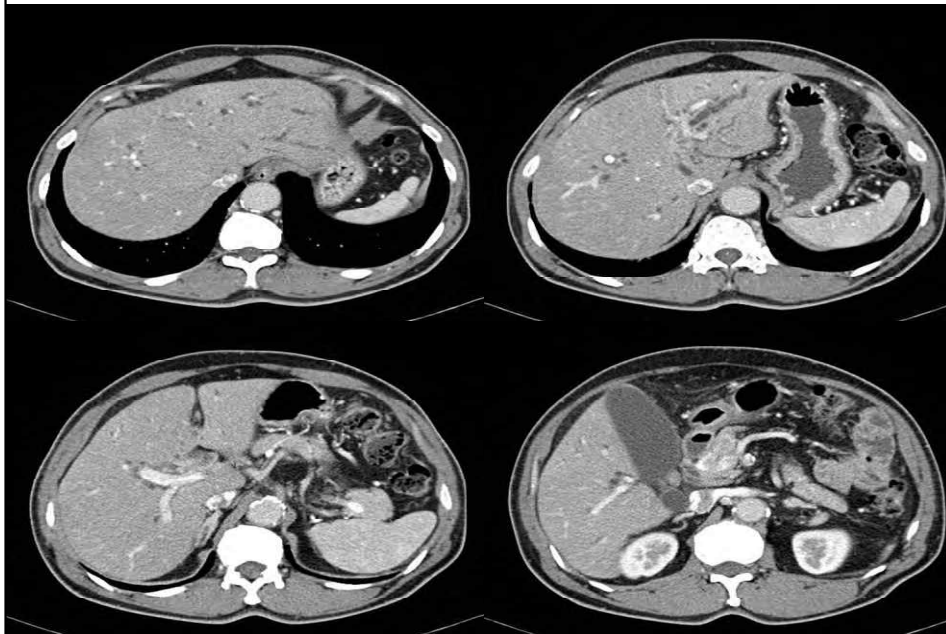
• **Physical examination**

- Icteric sclera

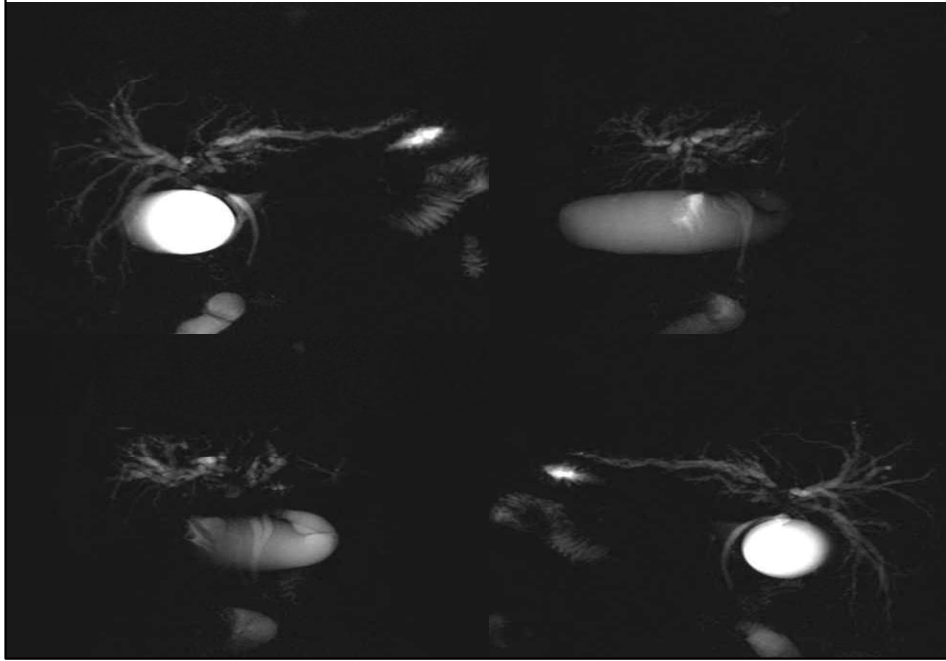
• **Laboratory findings**

- CBC: 7,430 / 12.8 / 338 K
- TP/Alb: 7.85 / 3.88
- T-bil/D-bil/AST/ALT/ALP/GGT : 12.74/9.46/43/39/463/155
- INR: 0.92
- BUN/Cre: 19.52/0.82
- CA 19-9 : 33.23 (0-37)
- Viral lab (HBV, HCV): non-specific

LMC CT (2011. 12)



MRCP



- **Assessment**

- Cholestatic jaundice d/t R/O Klatskin tumor
- Hypertension

- **Plan**

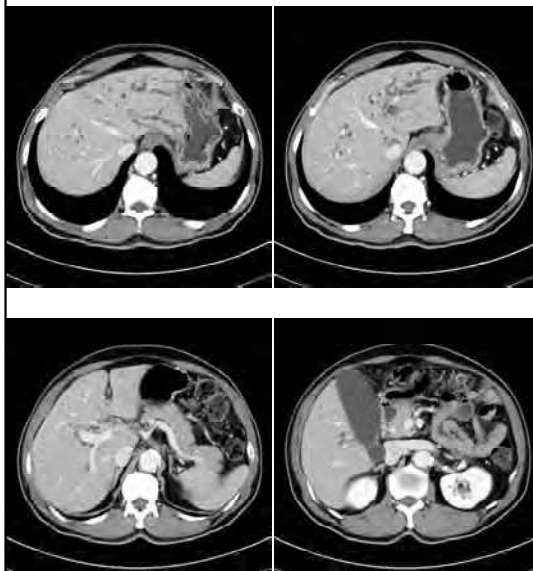
- Biliary decompression (ERCP or PTBD)
- Biopsy → operation or chemotherapy

- But. 특별한 치료 없이 증상 및 lab의 호전 관찰됨

	2011-12-29	2012-01-04
T-bil/D-bil	12.74 / 9.46	6.42 / 4.3
ALP/GGT	463 / 155	169 / 63
AST/ALT	43 / 39	33 / 40
증상	피로, 황달, 무력감	점점 호전됨

- Biliary drainage, Biopsy and further treatment : all refuse
→ OPD F/U

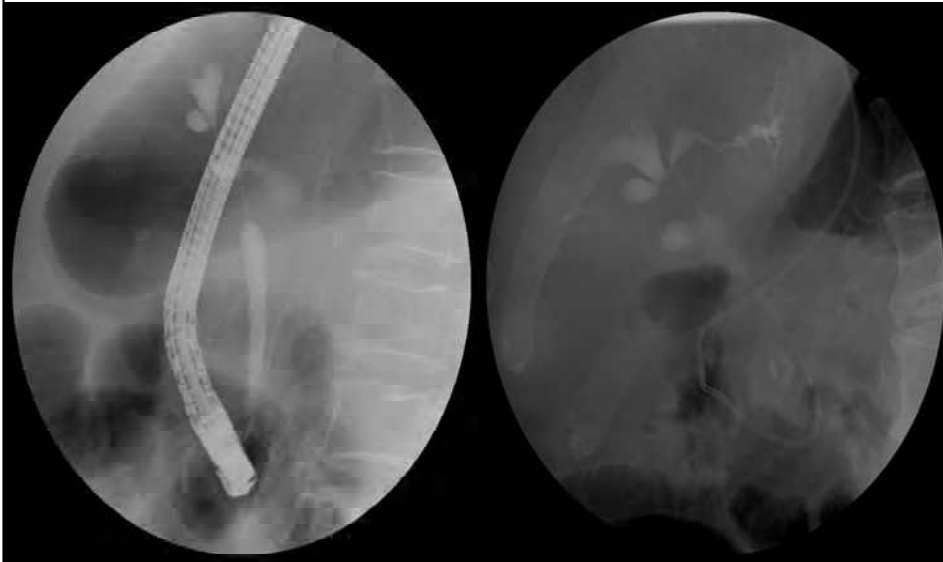
Jaundice (2012.10): After 10 months



- Lab.

- T/D-bil: 5.43/4.7
- ALP/GGT: 516/396
- AST/ALT: 42/78
- CA 19-9: 19.76
- Ig G/A/M: 1316/381/34
- IgG4: 37.1
- Autoimmune lab: normal

ERCP (Biopsy & ENBD)



Biopsy: Chronic inflammation

Klatskin tumor ?

vs.

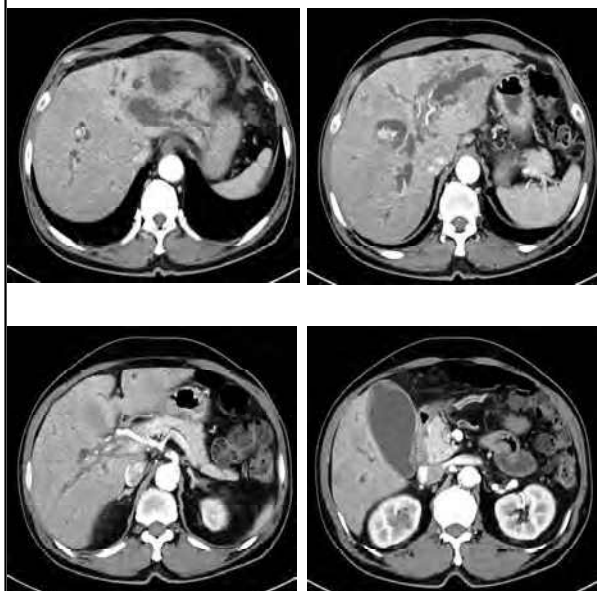
Benign stricture (IgG4 related cholangiopathy) ?



Steroid (40mg daily) → Symptom improved

Maintenance therapy (5 mg daily)

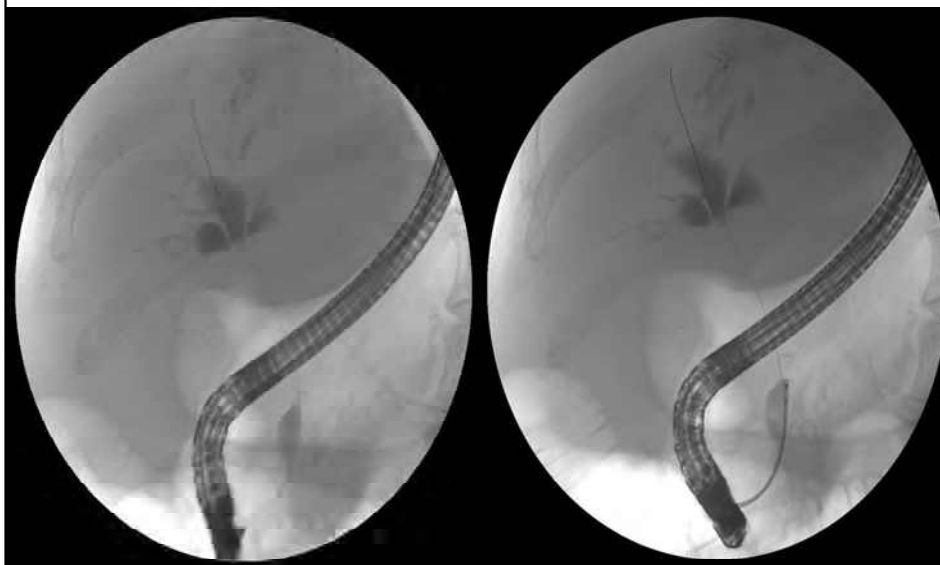
Jaundice (2016.01): after 40 months



• Lab.

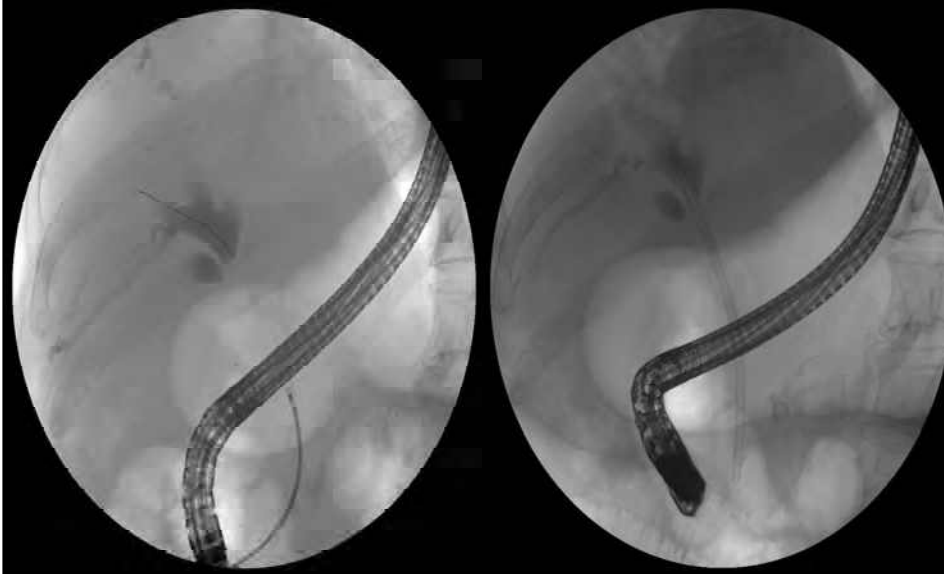
- T/D-bil: 7.72/6.62
- ALP/GGT: 1,364/847
- AST/ALT: 43/16
- CA 19-9: 961.3

ERCP (2016.01)



Biopsy: Chronic inflammation

ERCP & ERBD (2016.03)



Biopsy: Adenocarcinoma (Well-differentiated)

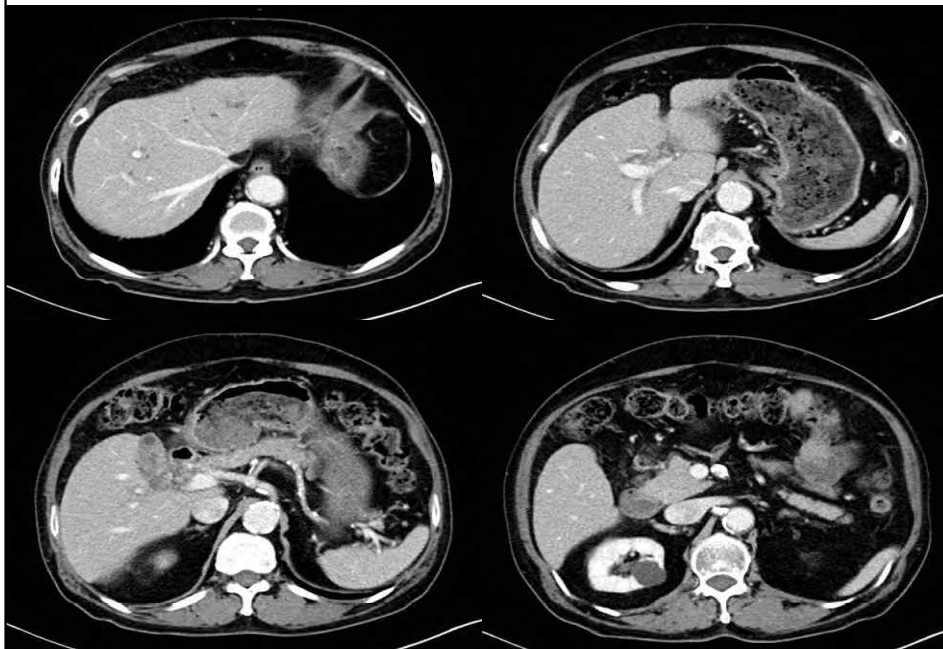
- **Final diagnosis**

- Klatskin tumor (Type IV)
- Hypertension

- **Plan**

- Chemotherapy (Gemcitabine+Cisplatin)

CT (2016. 10): After 7th CTX



MEMO

MEMO