

Session II

## Long Term Remission of Recurred GB Cancer after Surgical Treatment and Chemotherapy

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### 1. Case presentation

61 year-old Korean male was admitted to hospital with a chief complain of RUQ pain for 1 day. Diffuse GB wall thickening was seen in transabdominal ultrasonography, thus laparoscopic cholecystectomy was performed under suspicion of acute cholecystitis. The operation was converted from laparoscopic to open surgery because severe adhesion was seen among GB and surrounding omentum.

### 2. Diagnosis

The final pathology of surgical specimen was adenosquamous carcinoma of GB. Liver invasion was seen in S4, S5 at post OP CT.

### 3. Therapy and Clinical course

Radical resection of bile duct and central lobectomy of liver were performed additionally and subsequent chemotherapy was done using gemcitabine/cisplatin for 6 months. The recurrence was found as pericolic mass around hepatic flexure on follow up CT and right hemicolectomy was performed. After 2nd surgical treatment, chemotherapy was performed using capecitabine. After 4 months, chest wall mass was found and 3rd surgical treatment was performed under suspicion of recurrence. Subsequently, he was treated with chemotherapy using UFT (uracil-tegafur).

### 4. Conclusion

The patient remained in a disease-free state without local or distant recurrence during 37 months.

**Key Words:** GB cancer, Recurrence, Surgery, Chemotherapy

## REFERENCES

1. Dixon E, Vollmer CM, Jr, Sahajpal A, et al. An aggressive surgical approach leads to improved survival in patients with gallbladder cancer: a 12-year study at a North American Center. *Ann Surg* 2005;241:385-394.
2. Watanabe M, Yamazaki K, Yajima S, et al. Fourteen-years of disease-free survival in a patient with advanced gallbladder carcinoma after radical resection: a case report. *Hepatogastroenterology* 2009;56:335-338.

## M/61

- **Chief complaint at 1<sup>st</sup> admission (2013.04.17)**

RUQ pain for a day.

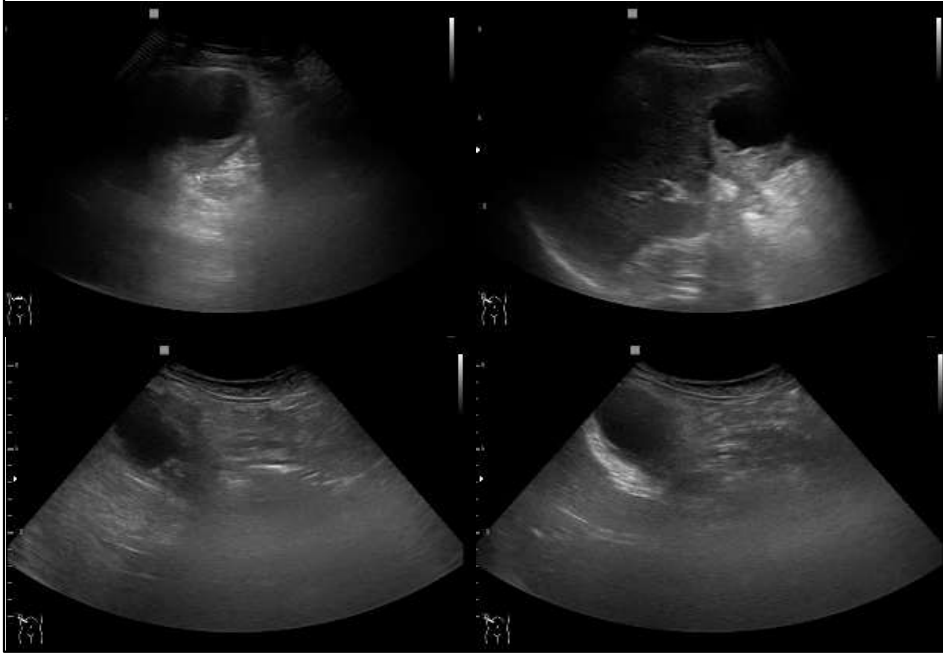


- **Present illness**

내원 전날 발생한 RUQ pain으로 LMC에서 시행한 USG 상 R/O acute  
cholecystitis 소견으로 내원.



**LMC USG (2013.04.18)**



• **Past medical History**

- DM (-), HTN (+)

• **Social History**

- Alcohol History : Social.
- Smoking History : Non-smoker.



• **Review of System**

- Fever/ Chill (-/-)
- Weight loss (-)
- A/N/V/D/C (-/-/-/-)
- **Abdominal pain (+)**

• **Physical Examination**

- Vital sign: stable
- Abdomen: **RUQ Td (+)**, Murphy sign (확인 안됨).

**Lab findings (2013.04.18)**

<b>CBC c diff.</b>		<b>Blood Chemistry</b>	
WBC	8,600 /uL	AST/ALT	26/20 IU/L
Seg.neutrophil	61.7 %	Bilirubin T	0.82 mg/dL
Hb	15.7 g/dL	ALP/GGT	155/ <b>79</b> IU/L
MCV	98.2 fl	Amylase/Lipase	39/47 U/L
Platelet	200 x10 <sup>3</sup> /uL	Protein/Albumin	7.1/4.2 g/dL
<b>Inflammatory marker</b>		BUN/Cr	15.7/1 mg/dL
CRP	<b>76.8</b> mg/L	Na/K	143 4.3 mEq/L

## Cholecystectomy (2013.04.19)

- Preop impression: **Acute cholecystitis**

**Severe adhesion** among GB, colon & surrounding omentum.

-> The procedure was **converted to open surgery**

The gallbladder was mobilized from its bed and removed. But a portion of **GB could not removed completely**, followed by electrocautization.

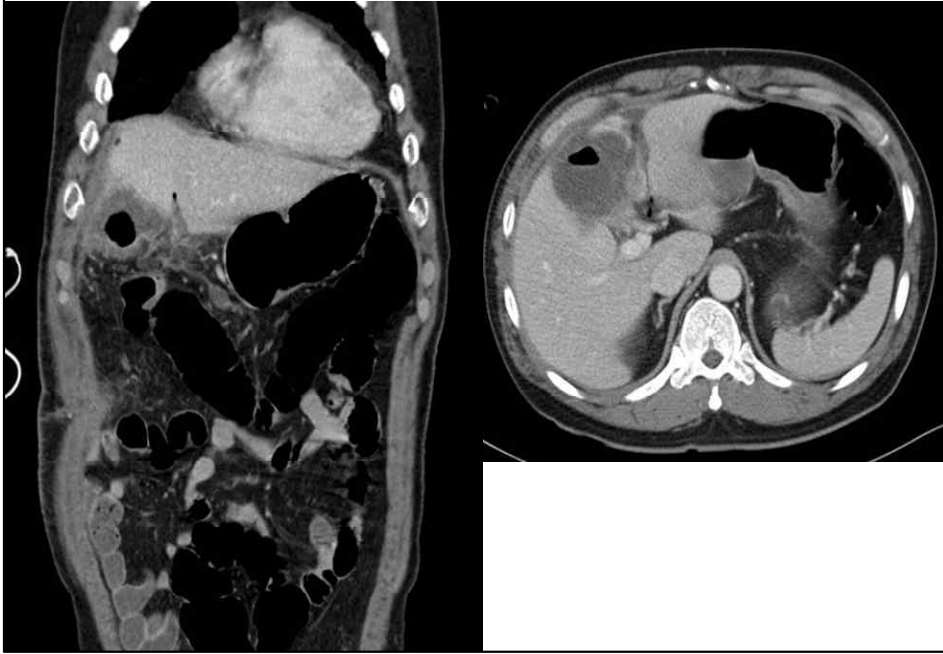
- Postop impression: **GB cancer**

## Lab findings (2013.04.23)

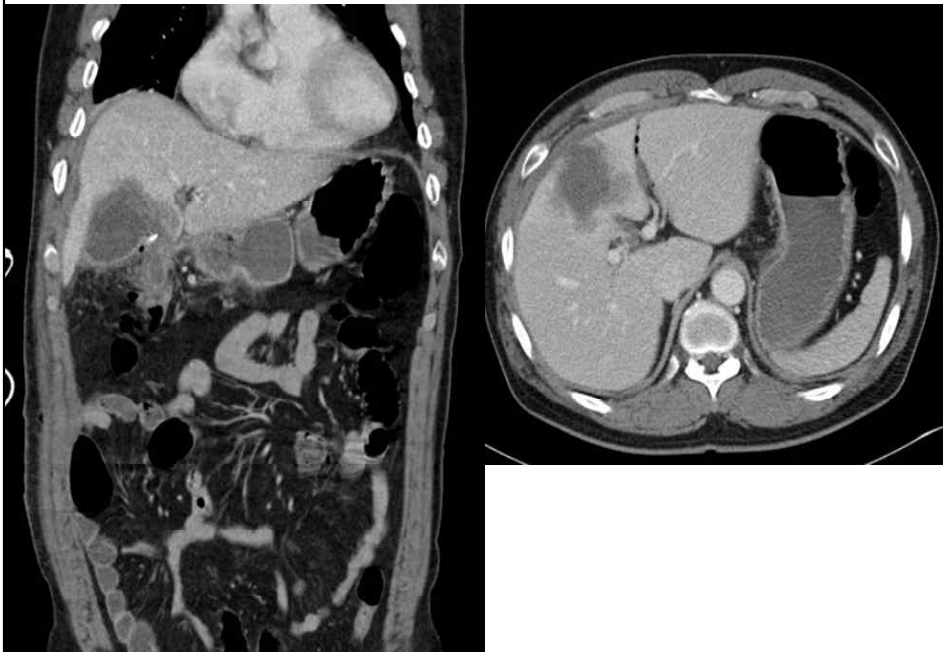
Tumor marker	
CA 19-9	194.5 U/mL
CEA	9.15 ng/mL



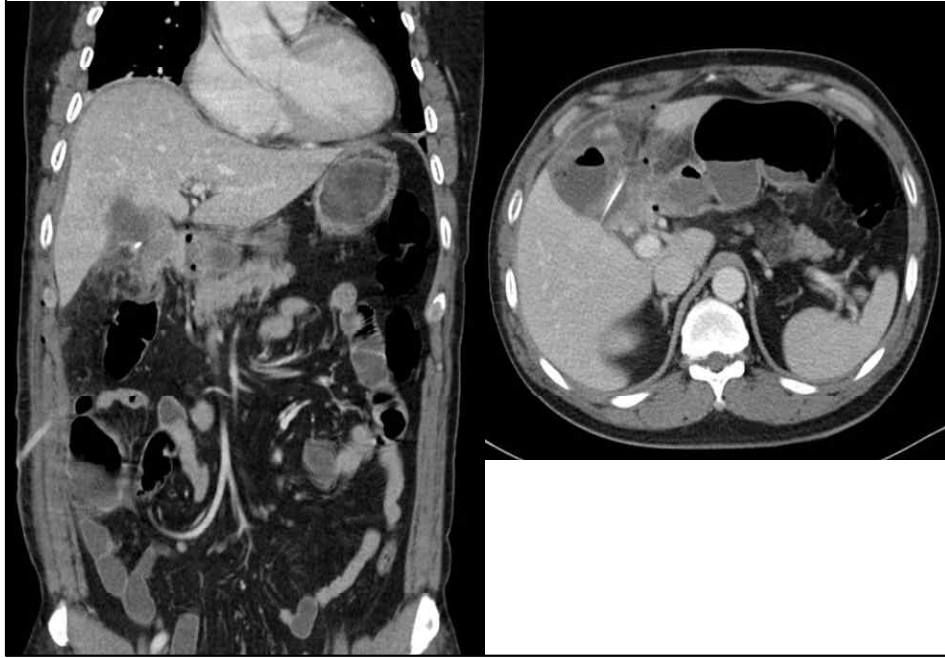
**Abdomen CT (2013.04.22)**



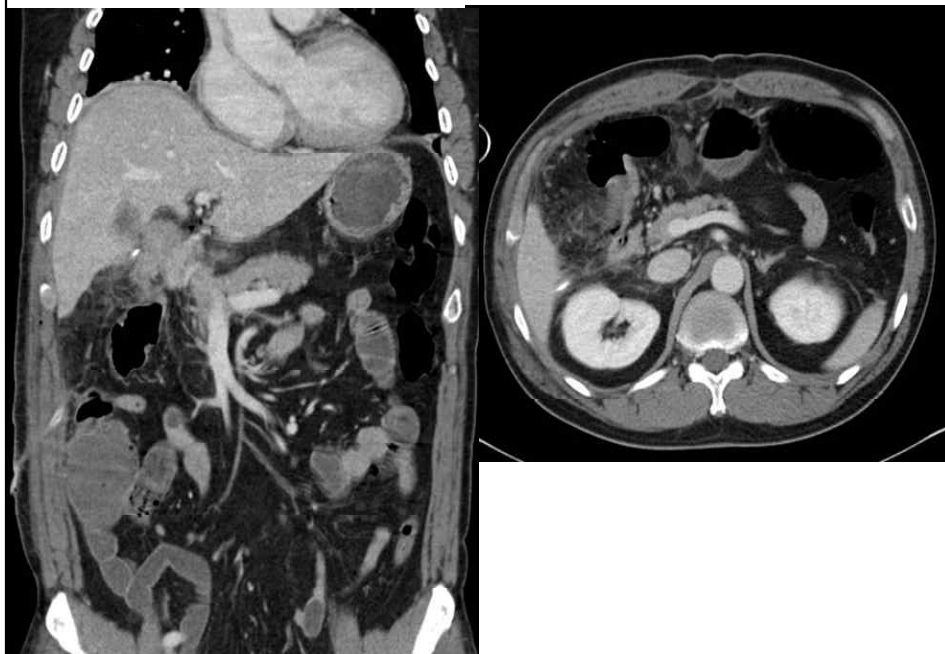
**Abdomen CT (2013.04.22)**



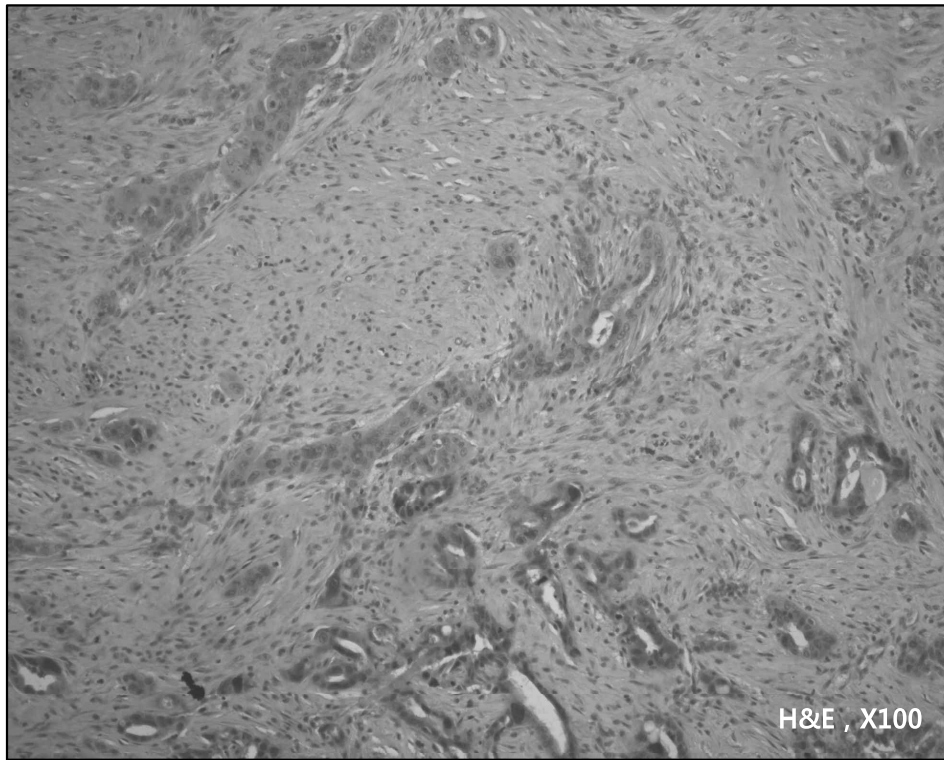
**Abdomen CT (2013.04.22)**



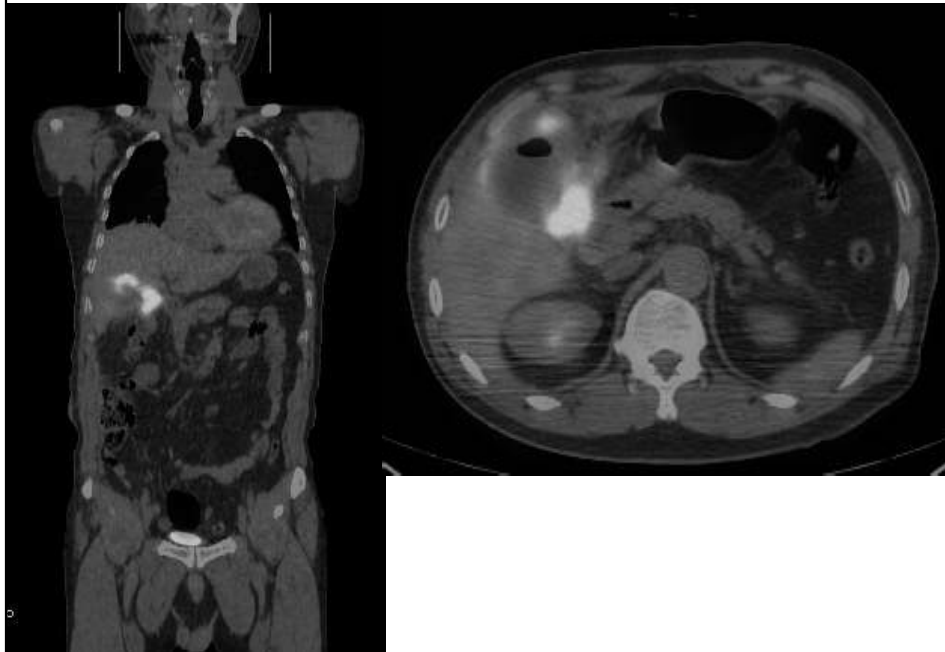
**Abdomen CT (2013.04.22)**







PET CT (2013.04.26)



### **Radical resection of bile duct and central lobectomy of liver (2013.04.30)**

- Radical resection of bile duct (GB, cystic duct, CBD)
- Central lobectomy of liver
- Distal gastrectomy with anastomosis to jejunum
- Roux-en-Y hepaticojejunostomy

### **Pathologic report (2013.04.30)**

Liver, central, bisectionectomy:

**Intrahepatic cholangiocarcinoma, poorly differentiated, infiltrating**

Surgical margin invasion (SM): No

Common bile duct, resection:

Direct tumor invasion

Small intestine, duodenum, segmental resection:

Direct tumor invasion

Resection margin: Free of tumor

Stomach, distal gastrectomy:

No pathologic lesion

Omentum, omentectomy:

No pathologic lesion

**Lymph node, peri-CBD, dissection:**

**Metastatic carcinoma, primary in the liver (1/19)**

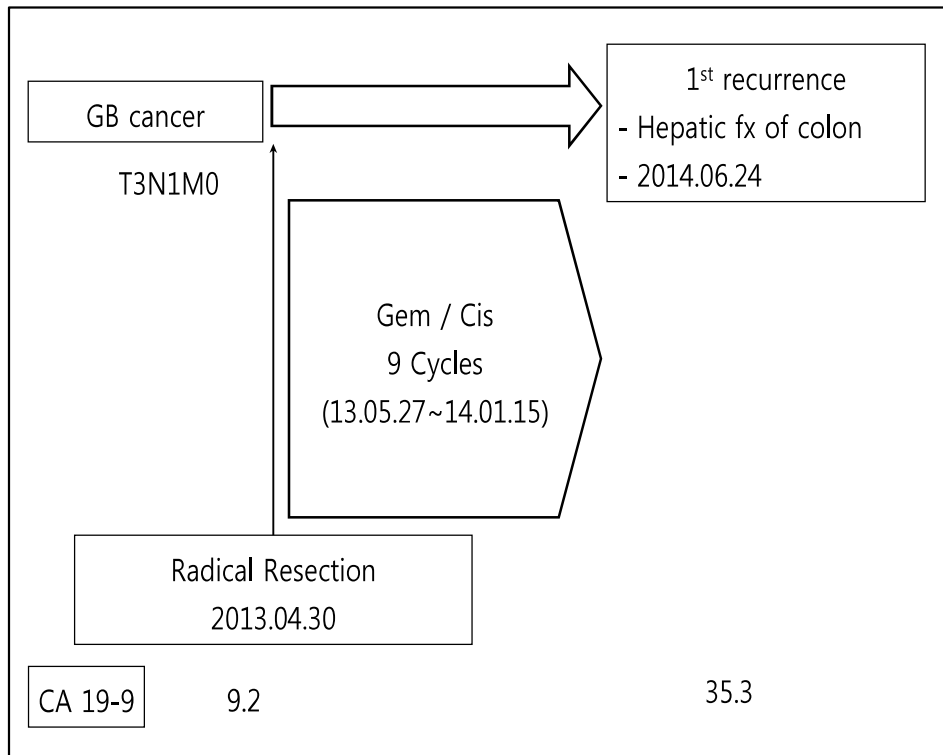
## Final diagnosis

- **GB cancer**

- T3N1M0 Stage IIIB, according to AJCC 7<sup>th</sup>, 8<sup>th</sup> edition

## Next plan

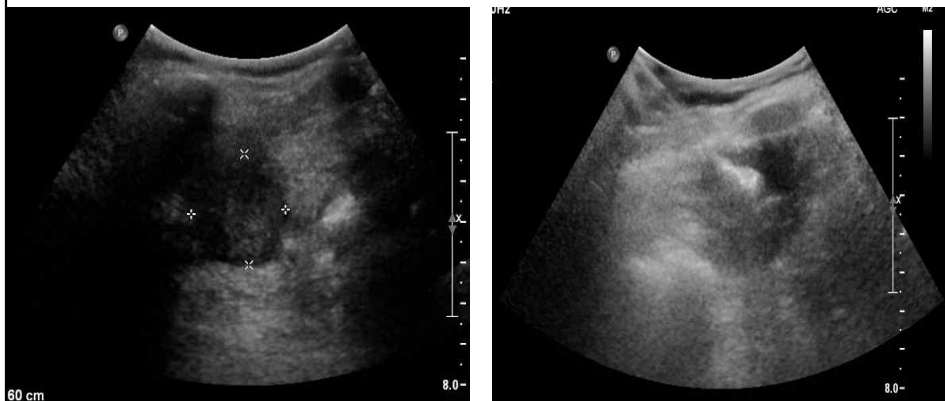
- Adjuvant chemotherapy with Gemcitabine/Cisplatin



### Abdomen CT(2014.06.24)



### USG guided Bx (2014.06.26)



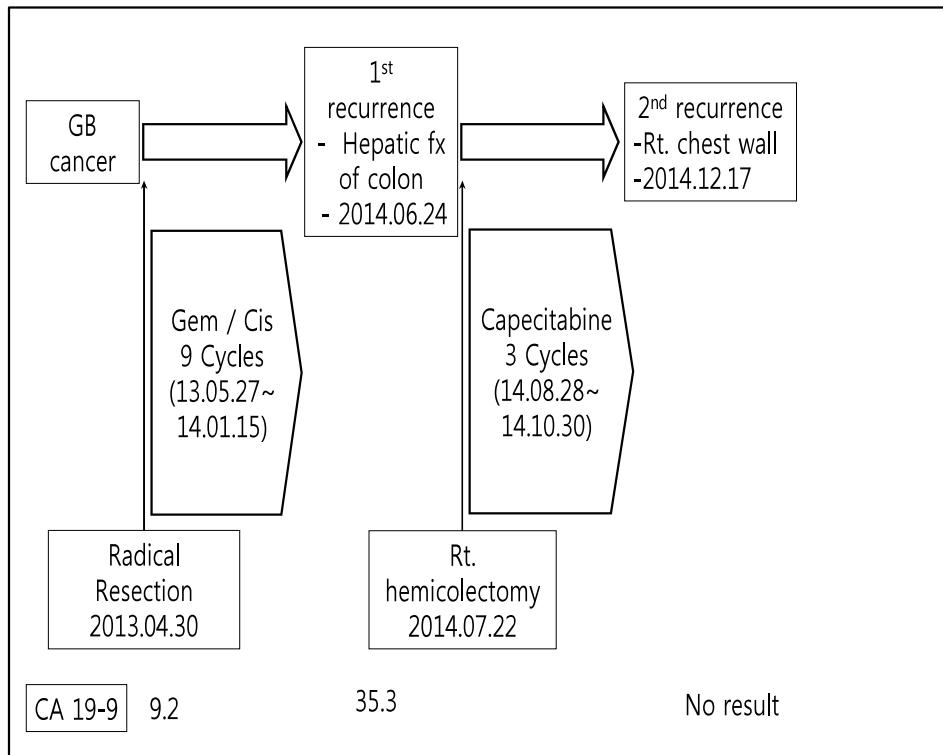
- **USG guided biopsy**

- Metastatic carcinoma, probably from gallbladder

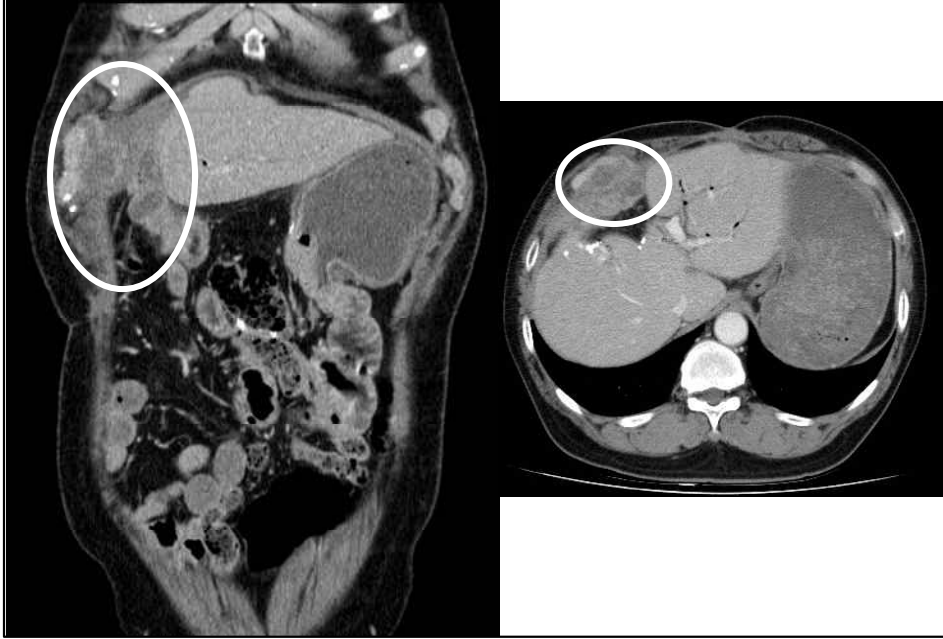
- **Surgical treatment (other hospital)**

- Colon, hepatic flexure, right hemicolectomy:

- Metastatic adenosquamous carcinoma (History of gallbladder cancer)
    - Resection margin : free.



### Abdomen CT (2014.12.16)



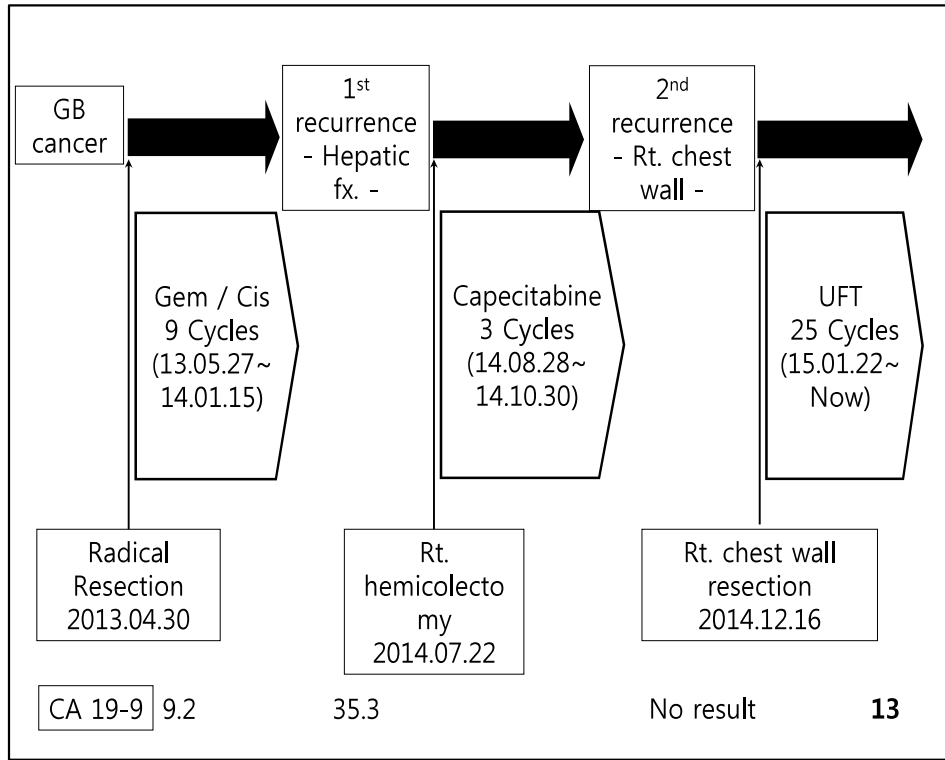
- **Surgical treatment (other hospital)**

- Chest wall resection and reconstruction:

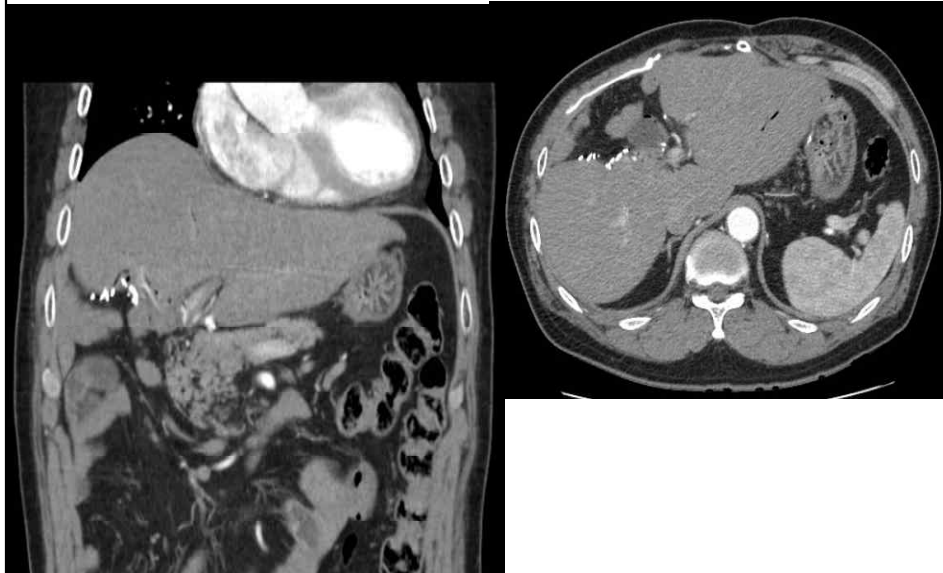
- Adenocarcinoma, metastatic (History of gallbladder cancer)

- Resection margin : free.





### Abdomen CT (2018.02.21)



## Summary

- GB cancer, discovered incidentally at surgery: PDAC (T3N1M0)
  - Radical resection + (A) Gem/Cis
- 1<sup>st</sup> recurrence at colon
  - Rt hemicolectomy + (A) Capecitabine
- 2<sup>nd</sup> recurrence at chest wall
  - Rt. chest wall resection + (P) UFT
- No recurrence for 37 months (25 cycles)



## UFT®

- Oral Fluoropyrimidine
- **Tegafur** 200 mg/g+ **Uracil** 448 mg/g
  - ↳ **5-FU Prodrug**
  - ↳ **Competitive inhibitor of DPD**
  - ↳ **Protect the GI tract from 5-FU toxicity**
- **Tegafur** is taken up by the cancer cells and breaks down into **5-FU**, a substance that **kills tumor cells**.