

Session II

A Case of 43 Year-Old-Male with Abdominal Discomfort and Jaundice

Ji Hee Park, Sang Myung Woo

Liver Center, National Cancer Center, Goyang, Korea

1. Case presentation

43세 남환, 특이 과거력 없는 분으로 내원 6개월 전부터 abdomen discomfort, 2개월 전부터 itching sensation 및 dark urine 소견 보여 타병원 경유하여 추가 검사 및 치료 위해 본원 내원함.

2. Diagnosis

- Klatskin tumor with multiple regional & distant LN metastasis, stage IVB

3. Therapy and Clinical course

- 처음 내원한 타병원에서 ERBD with plastic stent 시행함(2015.3)
- 본원 내원하여 1st line chemotherapy로 GP 21차 진행함(2015.4~2016.9)
- fever, chilling 있어 시행한 ERCP상 sludge와 tiny stone 제거 및 stent malfunction으로 plastic ERBD stent change (2015.8)
- fever, chilling 있어 시행한 ERCP상 pigmented stone 제거 및 plastic ERBD stent change (2016.10)
- PD 소견으로 2nd line chemotherapy로 XP 25차 진행함 (2016.10-2018.5)
- fever, dyspepsia 있어 시행한 ERCP상 이전 stent가 distal migration하여 plastic ERBD stent change (2017.6)
- fever, chilling 및 CTx off 고려하여 시행한 ERCP상 CBD stone과 plastic stent 제거하였고, bile duct Bx 및 r/o metastatic LAP에 대해 EUS-FNB 시행함(2018.7)
- 결과상 malignancy evidence 없어 이후 CTx off하였고 regular f/u 중임.

4. Conclusion

- Advanced hilar cholangiocarcinoma로 진단받은 환자가 chemotherapy후 CR state가 된 예

Key words: Advanced Klatskin tumor, Chemotherapy

M/43

Chief complaint & Present illness

: 6개월 전부터 abdomen discomfort, 2개월 전부터 itching sensation 및 dark urine 소견 보여 추가 검사 및 치료 위해 내원함.



• **Past medical Hx** : none

• **Family Hx** : none

• **Social Hx**

- smoking : 24 PYRS

- alcohol : none



ROS	P/E
<ul style="list-style-type: none"> • G/W(-) E/F(-) Wt. loss (8 kg/3 m) • F/C(-/-) HA/Dz(-/-) C/S/R(-/-/-) • chest pain(-) dyspnea(-) palpitation(-) • abd.pain(-) A/N/V/D/C(+/-/-/-) • back pain(-) L/E tingling sense(-/-) • Urinary sx(-) 	<ul style="list-style-type: none"> • G/A : Not so ill looking, alert, oriented • HEENT : Not anemic, anicteric L/R(++/++), isocoric & prompt pupil PI(-) PTH(-/-) Not dehydrated tongue LNE(-/-) T/E(-/-) V/E(-/-) • Chest : Symmetric expansion without retraction CBS without rale, wheezing RHB without murmur • Abd : Soft & flat NABS T/RT(-/-) L/S/K(-/-/-) • Back & Ext : CVAT(-/-) P/C/C(-/-/-)

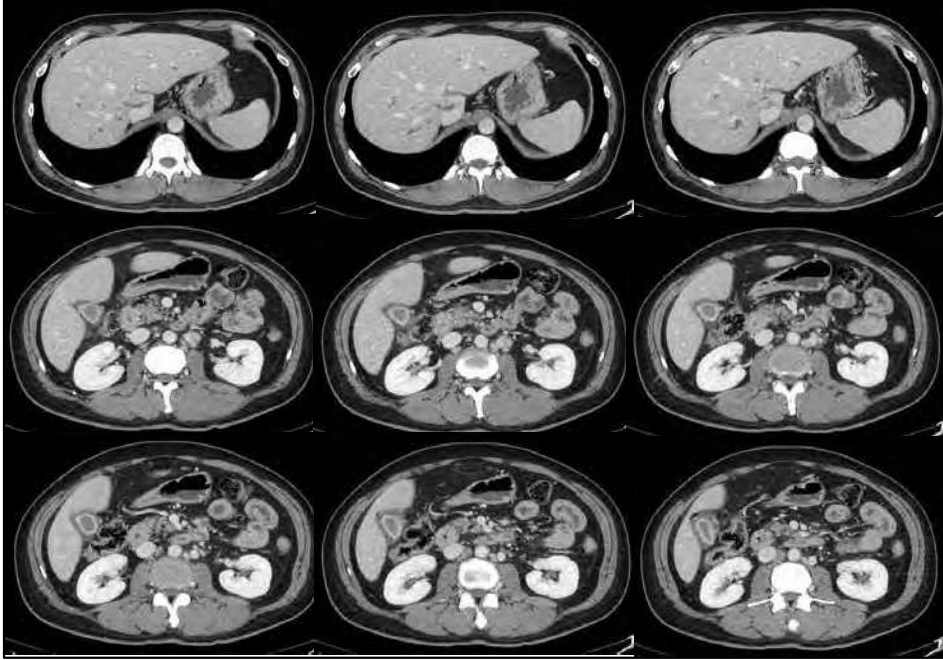
Initial lab findings (2015.4.6)

- CBC: 8,450-**12.9**-293 k, ANC: 4,436
- Na/K/Cl: 139/4.2/100
- Chemistry:

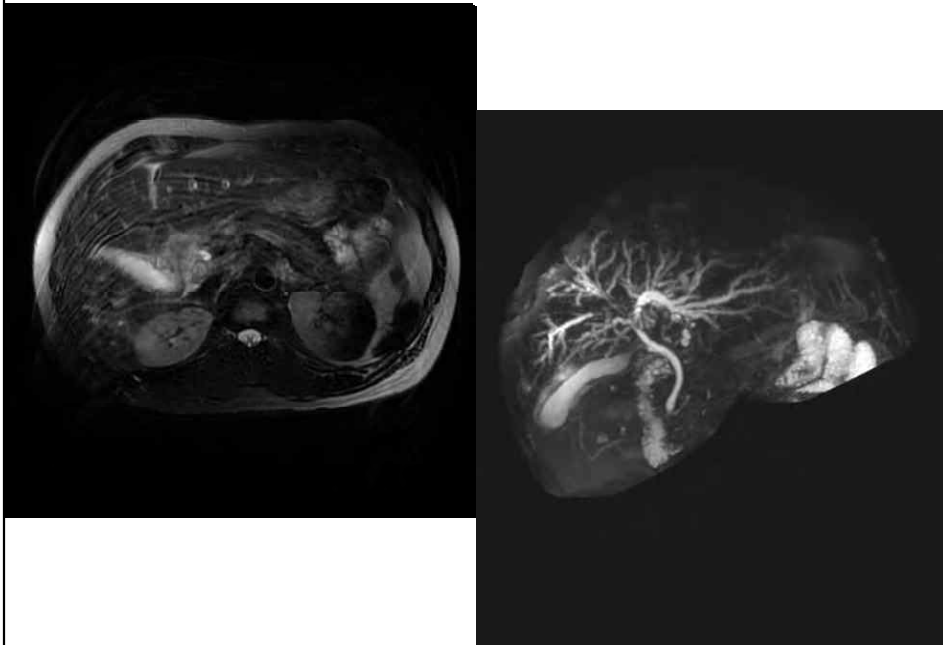
AST/ ALT 38/53	T.bil 1.2	ALP 203
T.protein 8.0	Alb 4.4	
BUN/Cr 12/0.7	PT 12.8s (103%)	
- **CA19-9 2,387**
- CEA 3.8
- HBsAg/sAb (-/+) HCV Ab(-)



O/S Abd CT (2015.3.9)



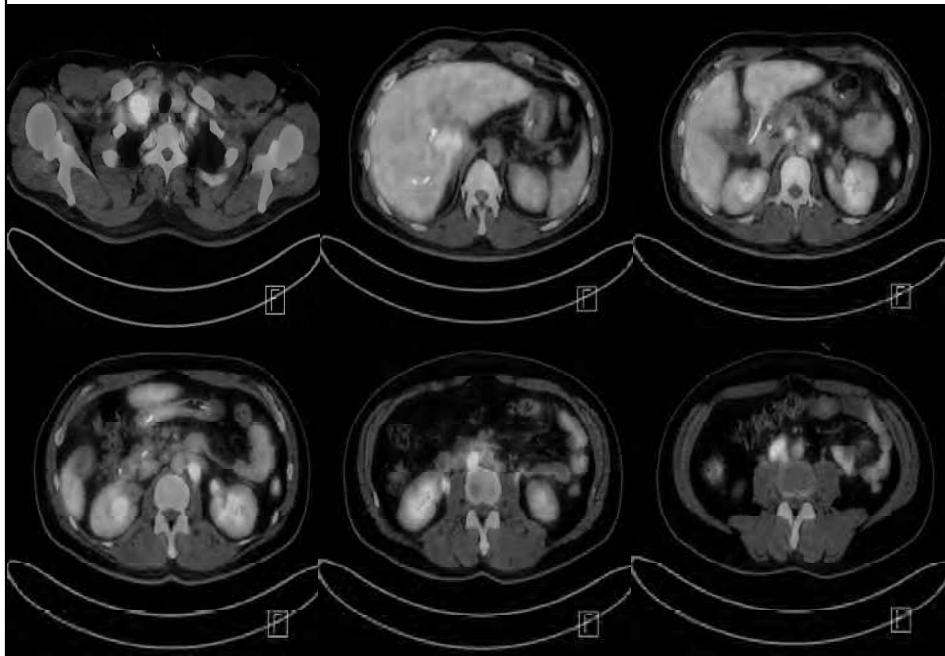
O/S MRCP (2015.3.10)



O/S Chest CT (2015.3.11)



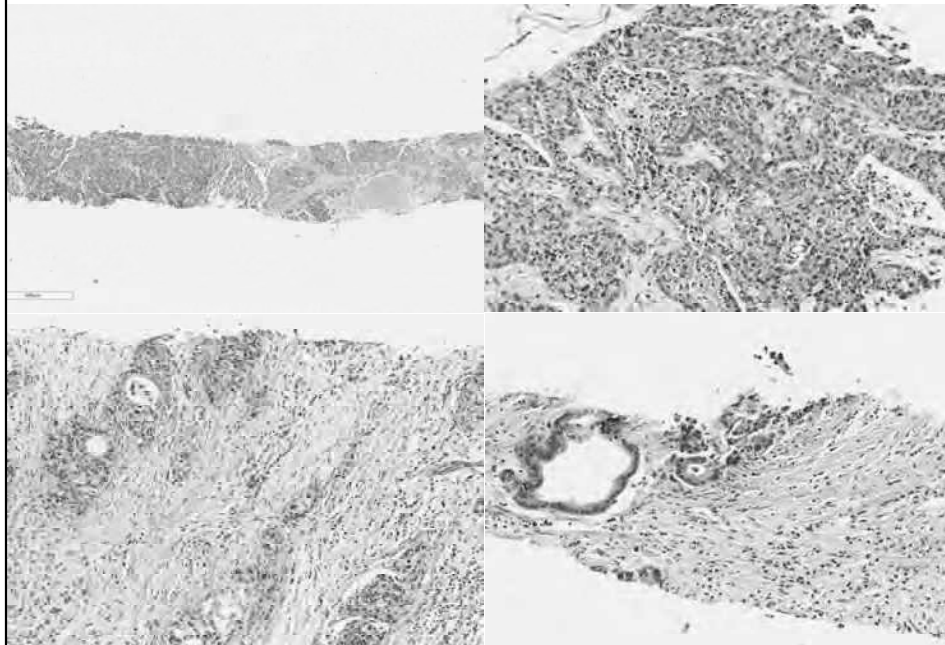
O/S PET/CT (2015.3.13)

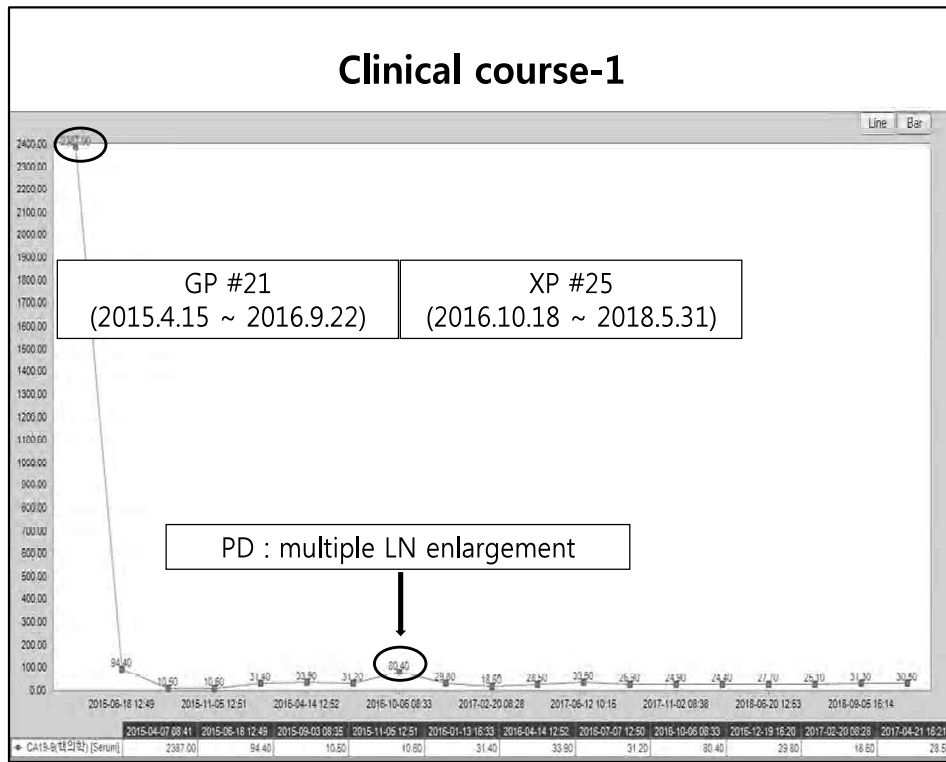


O/S ERCP (2015.3.11)

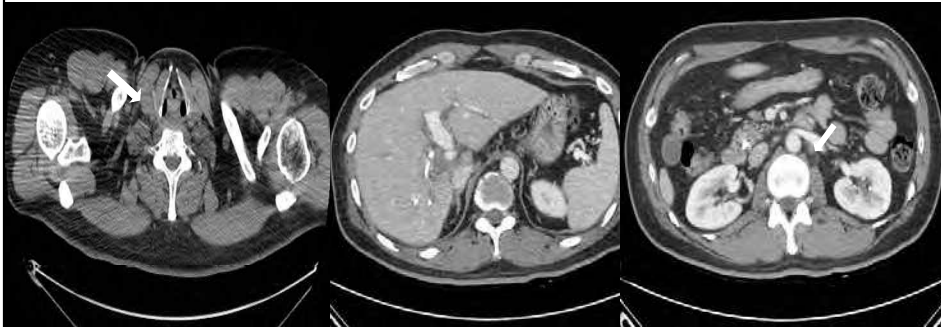


Rt.SCN Bx (2015.3.14)

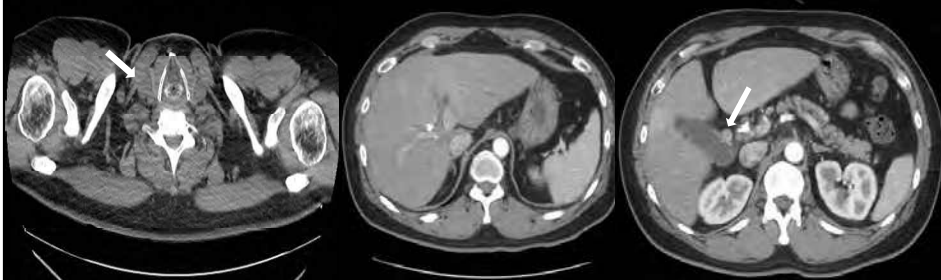


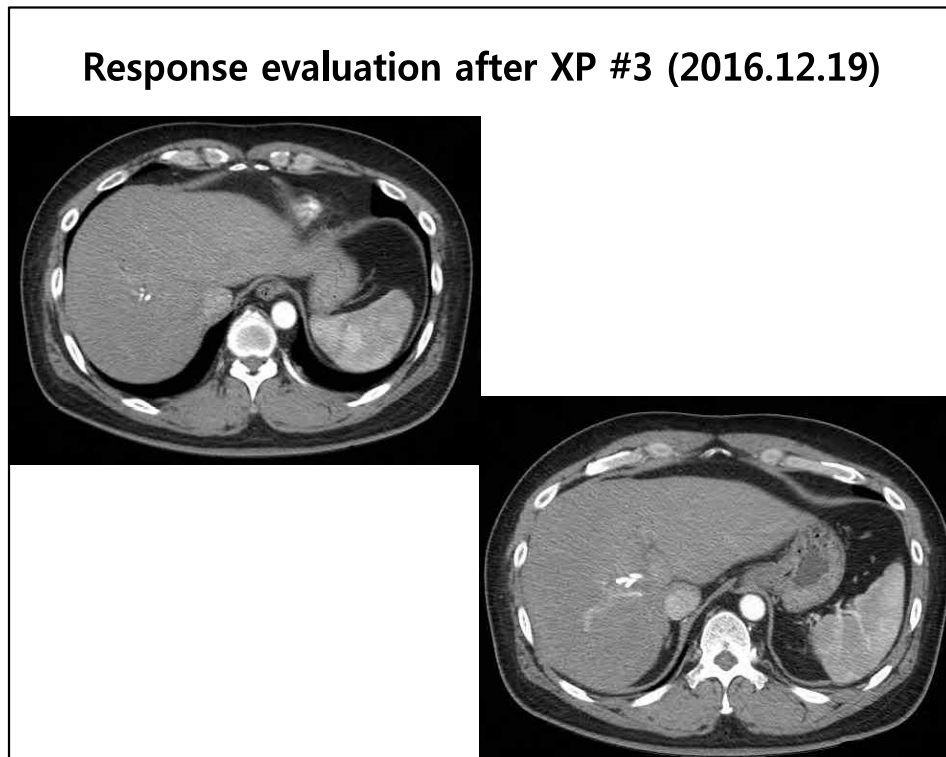
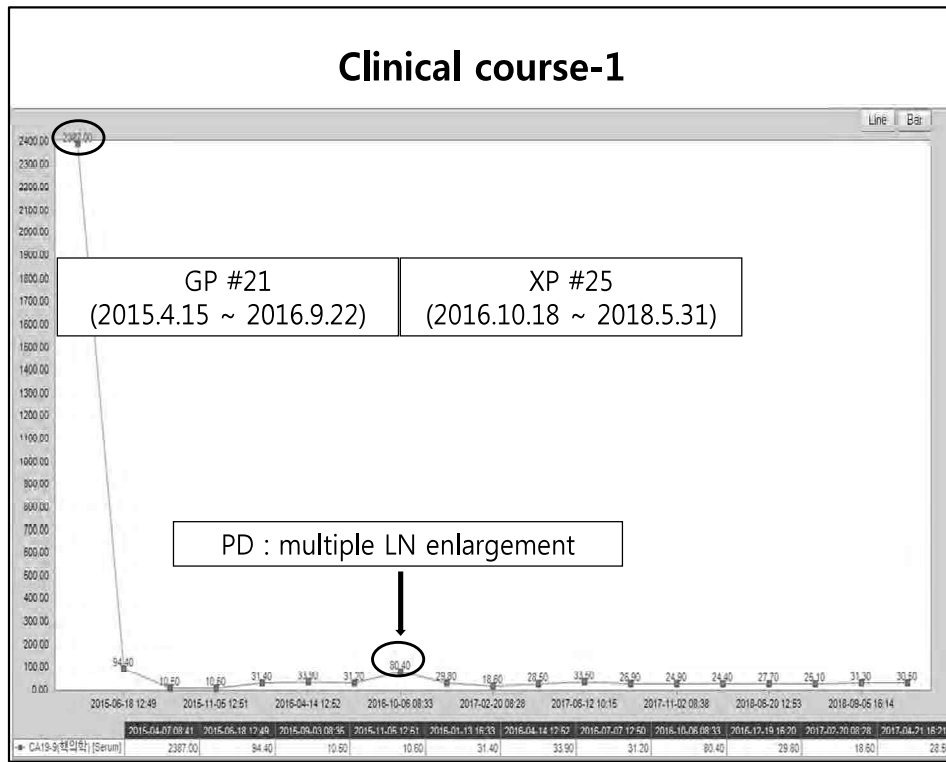


Response evaluation after GP #3 (2015.6.17) : PR





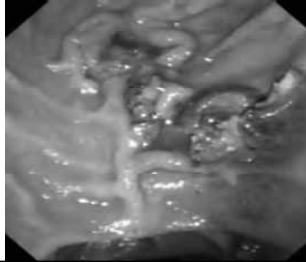
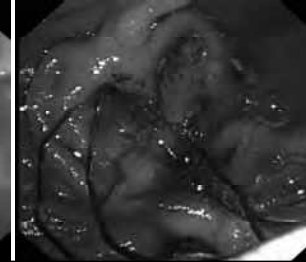


Response evaluation after GP #21 (2016.10.10) : PD

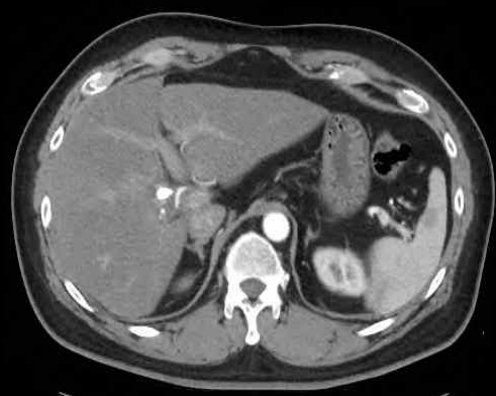

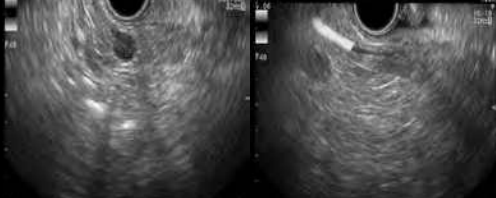




Clinical course-2

2015.8.3 (after GP #6) fever, chill	2016.10.10 (after GP #21) fever, chill	2017.6.12 (after XP #10) fever, dyspepsia
		
		

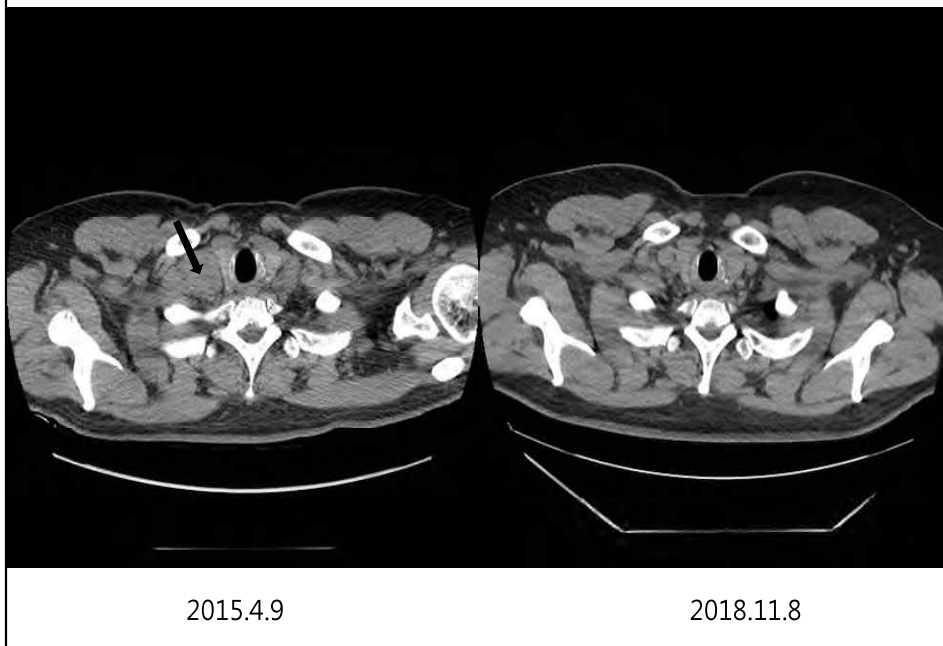
2018.7.2 (after XP #25)
fever/chill, consider CTx off → CBD stone removal, stent removal

	
	<p><Biopsy result></p> <ul style="list-style-type: none">▪ Bile duct: fragmented bland-looking glandular epithelium▪ LN: negative for malignant cells

Initial vs. Last abd CT



Initial vs. Last chest CT



memo

MEMO