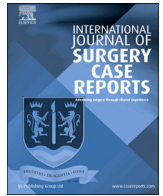




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Case: Authentic multimodal therapy and liver resection for an initially unresectable intrahepatic cholangiocarcinoma

Koichiro Sakata^{a,*}, Daiki Kijima^b, Taizo Yamaguchi^c, Takashi Furuhashi^a, Toshihiko Abe^a, Haruki Iwamoto^c, Katsuhiko Morita^b^a Japan Seafarers Relief Association, Ekisaikai Moji Hospital, 1-3-1 Kiyotaki, Mojiku, Kitakyushu, Fukuoka, 801-8550, Japan^b JCHO Shimonoseki Medical Center, 3-21-25 kamishinchi-machi, Shimonoseki, Yamaguchi, 750-0061, Japan^c Iwamoto Clinic, 1-2-8 Shimoishida, Kokuraminamiku, Kitakyushu, Fukuoka, 802-0832, Japan

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ABSTRACT

INTRODUCTION: Although curative resection is an outstanding prognostic factor of intrahepatic cholangiocarcinoma (ICC), certain segments remain unresectable. The standard therapy for initially unresectable ICC is uncertain. In this case report, we reported the feasibility of multimodal chemotherapy and curative resection.

CASE: A 59-year-old Asian woman with back pain was referred to the hospital by her family physician regarding liver mass visible on ultrasonography. At admission, the carcinoembryonic antigen (CEA) and carbohydrate antigen 19-9 (CA19-9) levels were high, and images showed characteristic signs of ICC with intrahepatic metastases and invasions to on the right Glisson's sheath. Multimodal therapy was applied to the ICC, which could not be resected at first. The therapy comprised hepatic arterial chemoembolization with drug-eluting beads (DEB-TACE), angiographic subsegmentectomy (AS), and systemic chemotherapy. Downstaging of the ICC, which results in curative resection, was planned due to non-normalization of the tumor markers, and pathological analysis revealed complete remission. At 34 months after the surgery, the patient was alive without relapse.

DISCUSSION: Recently, chemotherapy and/or an interventional approach were reported to be feasible, although unresectable advanced ICC has a poor prognosis. Some studies have reported that multimodal chemotherapy and R0 resection of initially unresectable ICC can prolong survival time. However, some reports have shown high morbidity and mortality associated with initially unresectable ICC treated with multimodal chemotherapy and R0 resection. Our study resulted in complete remission without complications.

CONCLUSION: Multimodal chemotherapy and hepatic curative resection on locally advanced ICC are feasible treatment approaches for initially unresectable ICC.

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1. Introduction

Curative resection is an important prognostic factor in intrahepatic cholangiocarcinoma (ICC); however, certain segments remain unresectable. Recently, the efficacy of combined therapy with systemic chemotherapy, interventional therapy, and hepatic curative resection for very advanced inoperable ICCs have been reported [1–4]. This paper reports the feasibility of multimodal chemotherapy including hepatic arterial chemoembolization with drug-eluting beads (DEB-TACE), angiographic subsegmentectomy (AS), systemic chemotherapy following radical surgery. This case report was in accordance with the SCARE criteria [5].

2. Case report

Here, we reported ICC in a 59-year-old Japanese woman with back pain, who had been referred to our hospital by her family physician. There were no special notes in her past medical, drug, and family history, or in her relevant physical examination and other significant clinical findings including no alcoholic habits. At admission, the CEA and CA19-9 levels were 910.5 ng/mL and 1965.3 U/mL, respectively. There were no evidences of hepatitis infection. (Table 1). Computed tomography (CT) findings revealed the presence of two low-density masses 68 mm in diameter in hepatic segments 2 and 3 and 72 mm in diameter in segment 8, with early enhancement of the peripheral area as the main loci. Magnetic resonance cholangiopancreatography revealed dilation of the distal intrahepatic bile duct from the tumors. Radiological findings as irregular masses of relatively low atten-

* Corresponding author.

E-mail address: k.sakata@kousei-h.jp (K. Sakata).

Table 1
Laboratory test results.

WBC	9300	$10^4/\mu\text{l}$	PT(%)	96.1	%
RBC	415	$10^4/\mu\text{l}$	PT(INR)	1.02	
Hb	12.2	g/dl	APTT	29.8	sec
Ht	37.3	%			
Plt	27.3	$10^4/\mu\text{l}$	ICGR15	6.8	%
CRP	0.77	mg/dl			
Alb	4.3	g/dl	CEA	910.5	ng/ml
T-bil	0.71	mg/dl	CA19-9	1965.3	U/ml
ALT	25	IU/l	AFP	5	ng/ml
AST	31	IU/l	PIVKAII	13	mAU/ml
ALP	206	IU/l			
γ -GTP	101	IU/l	HCV Ab	(-)	
BUN	10.7	mg/dl	HBV Ab	(-)	
Cre	0.67	mg/dl	HBV Ag	(-)	
Na	141	mEq/l			
K	4.2	mEq/l			
Cl	103	mEq/l			

uation in the early phase that demonstrate minimal contrast enhancement at the periphery with focal intrahepatic bile duct dilatation showed peripheral cholangiocarcinoma. These tumors were clinically diagnosed as ICC and were suspected to invade the right Glisson's sheath with multiple intrahepatic metastases classed as stage IVA according to the TMN classification, and were deemed initially unresectable (Figs. 1 and 2). After hepatic arterial chemoembolization therapy with drug-eluting beads (DEB-TACE), angiographic-subsegmentectomy (AS) and systemic chemotherapy with Gemcitabine and S1 were performed, tumor shrinkage was confirmed, and the tumor markers decreased to just above the normal range (Fig. 3). Thus, the patient was referred to our hospital for surgery. CT revealed that the tumor did not invade the right Glisson's sheath and the intrahepatic metastases disappeared (Fig. 4). After the simulation of hepatic resection, left lateral segmentectomy and 8th subsegmentectomy were performed (Fig. 5). Blood loss was 600 mL, and the operative time was 470 min. Pathological examination after R0 resection revealed that no viable neoplastic cells remained in the specimen (Fig. 6). The patient was discharged on day 29 after surgery without complications, and no chemother-

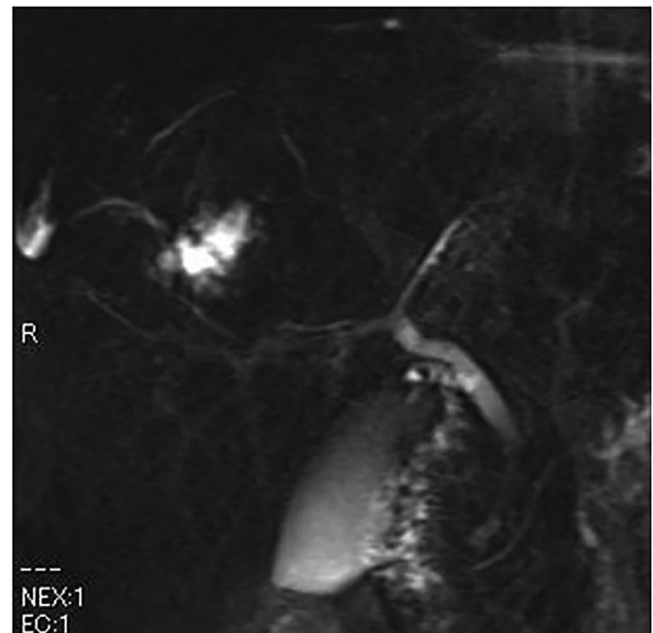


Fig. 2. MRI images at admission.
Peripheral dilation of the intrahepatic bile duct of the 8th branch can be seen, suggesting bile duct invasion.

apy was administered. Two years and 10 months after the surgery, the patient is alive without relapse (Fig. 7).

3. Discussion

Curative R0 resection resulted in improved survival and has been reported to be an extremely important prognostic variable of ICC [6,7]. However, a portion of the ICC that had been diagnosed as unresectable at admission remained. In ICC, larger tumor size, multifocal disease, lymph node metastasis, and vascular invasion

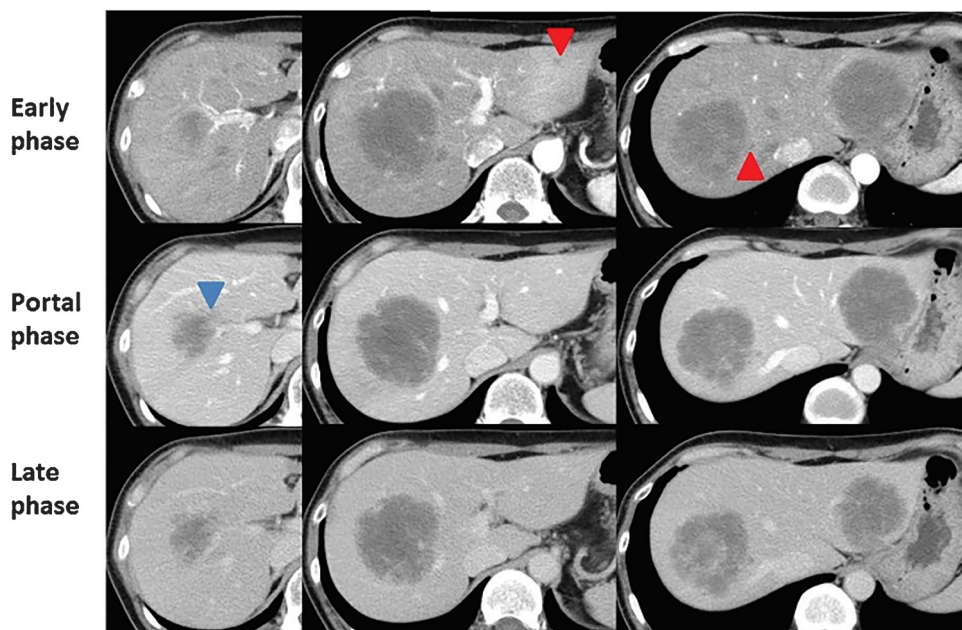


Fig. 1. CT images at admission.

Computed tomography (CT) showed two low-density masses of 68 mm in diameter in hepatic segments 2 and 3 and 72 mm in diameter in segment 8 as the main loci. These tumors were diagnosed as intrahepatic cholangiocarcinoma and were suspected to invade the right Glisson's sheath (blue triangle) with multiple intrahepatic metastases (red triangles).

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