

Severe intrahepatic bile duct dilatation by hilar cholangiocarcinoma

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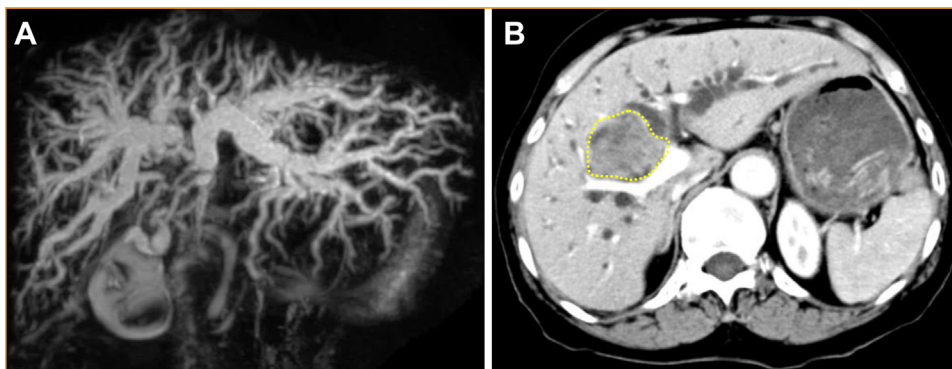


FIGURE 1.

CASE PRESENTATION

A 71-year-old woman presented to our gastroenterology clinic with a 1-month history of abdominal distension, pruritus, and jaundice along with clay-colored stools. She had no documented medical history. Physical examination was unremarkable. Laboratory tests of the blood confirmed elevated levels of a total bilirubin (210 $\mu\text{mol/L}$, reference range, 1.71–21 $\mu\text{mol/L}$), direct bilirubin (182 $\mu\text{mol/L}$, reference range, 1.71–13 $\mu\text{mol/L}$), alanine aminotransferase (219 U/L, reference range, 0–40 U/L), and CA19–9 (25,173 U/mL, reference range, 0–40 U/mL). Three-dimensional magnetic resonance cholangiopancreatogram showed severe intrahepatic biliary ductal dilatation with tapering and cutoff near the hilum (Fig. 1A). Esophagogastroduodenoscopy revealed the normal duodenal papilla. Contrast-enhanced abdominal computed tomography (CT) revealed tumors of the hilar bile duct about 3.6 cm in diameter with vessel involvement (Fig. 1B), which were consistent with hilar cholangiocarcinoma. The differential diagnosis of bile duct obstruction mainly includes common bile duct stones, acute cholangitis, cholangiocarcinoma, pancreatic head cancer, and ampullary tumors.^{1–3} Ultrasound guided percutaneous transhepatic biliary drainage was performed to relieve the obstructive jaundice. Percutaneous liver puncture of tumor fragment guided by ultrasonography was performed and pathological examination confirmed the diagnosis of cholangiocarcinoma. The

tumor was not considered to be resectable due to involvement of both the hepatic artery and the portal vein. In addition to biliary drainage, transcatheter arterial chemoembolization was pursued after a well-informed discussion of options for interventions with her. Finally, the patient passed away 11 months after interventional therapy.

ETHICAL STATEMENT

Written informed consent was obtained from the patient for publication of this “GI Image”.

SOURCE OF FUNDING

None.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

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