

General Data

- ✦ Sex: male
- ✦ Age: 56 y/o
- ✦ Birth date: May 21st , 1944
- ✦ Birth place: Taiwan
- ✦ Date of Admission: Dec 23rd, 2000
- ✦ Marital status: Married



Chief complaint

- ★ Epigastric pain and yellowish skin change for 10 days

Present Illness (1)

- ✦ This 56-year-old man was relative healthy before and denied having any systemic disease
- ✦ 10 days before admission, he started having epigastric pain, yellowish skin and red color urine. Post-prandial vomiting, dyspepsia and generalized malaise were also noted.
- ✦ No precipitating or relieving factors of this epigastric pain were noted

Present Illness (2)

- ✦ Due to having these symptoms, he went to LMD for help and blood sample showed high level of GOT, GPT and positive HBs Ag
- ✦ And due to the abnormal lab data, he was transferred to our hospital for further evaluation.

Past History

- ✦ DM: denied
- ✦ HTN: denied
- ✦ HBs Ag (+) (noted recently)

Physical Examination:

- ★ General looking: jaundice
- ★ Eye: icteric sclera
- ★ Chest: clear breathing sound
- ★ Heart: RHB, no murmur
- ★ Abdomen: soft, flat
Liver span: 12cm at RMCL
Murphy's sign: neg
- ★ Extremities: no pitting edema

日期	89/1 2/23	89/12/2 7	89/12/2 9	90/01/2	90/01/3	90/01/3
Glucose mg%		94		286	131	279
Bun mg%	12	7	6	8		8
Creatinine mg%	1.0	0.9	0.9	1.0		0.9
GOT U/L	213	60	70			
GPT U/L	509	165	111			
Ammonia mg%					90	
Bilirubin D mg%	7.0	5.8	4.3			
Bilirubin T mg%	10.8	9.3	7.3			
Na mEq/L	139	141	139.0	132.0	136.0	137.0
K mEq/L	5.70	3.70	3.30	3.80	4.20	4.50

Image:



ERCP: absence of CBD, visible pancreatic duct

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12

HiSpeed CT/i SYS=CT01
Ex: 14744
Se: 3
IC S155.2
Ir: 7+C

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TAIPEI MED. UNIVERSITY HOSP.
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56 M 684774
Dec 27 00
512

HiSpeed C
Ex: 14744
Se: 3
IC S145.1
Ir: 8+C

DFOV 32.3cm
STND

DFOV 32.
STND

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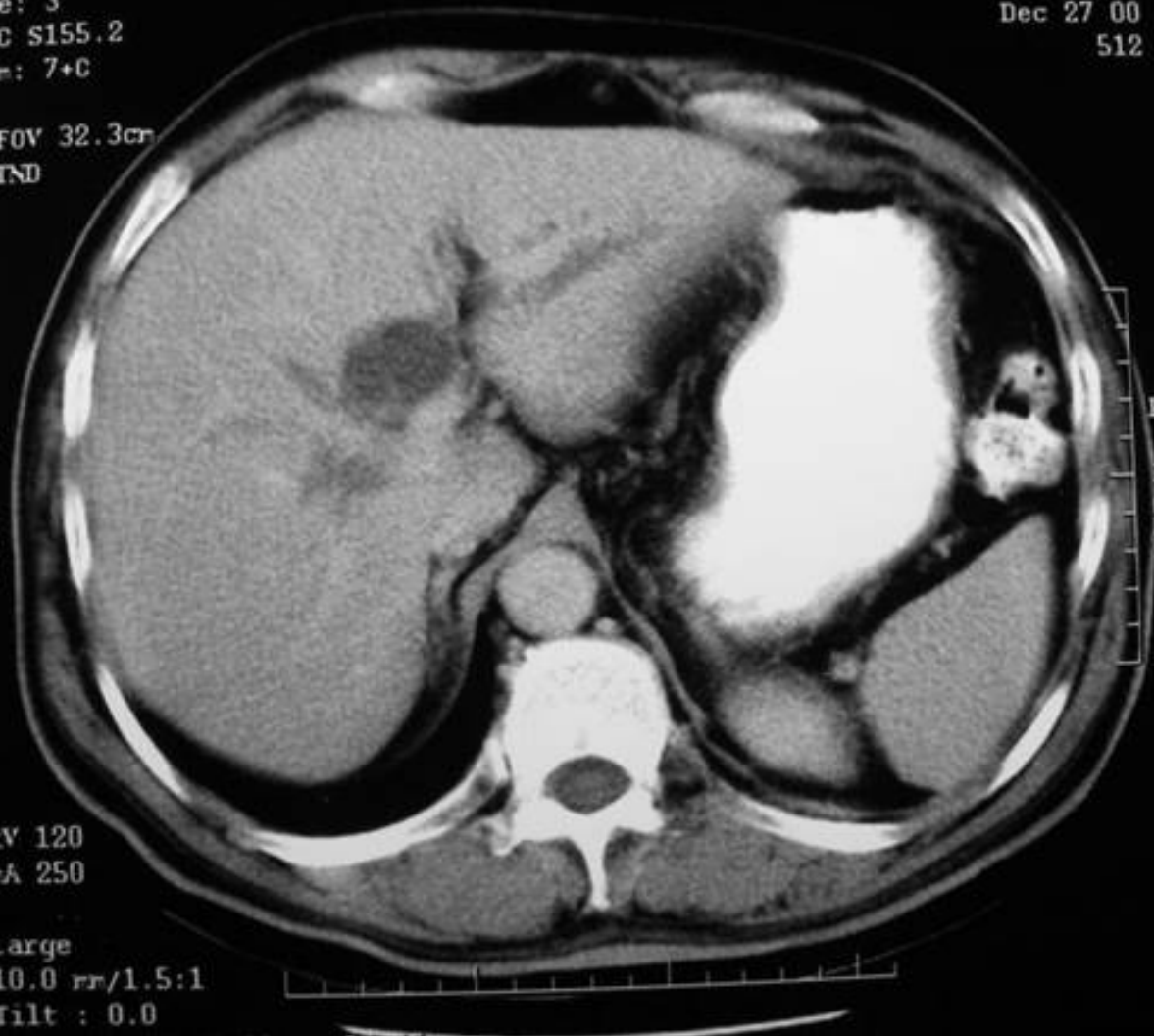
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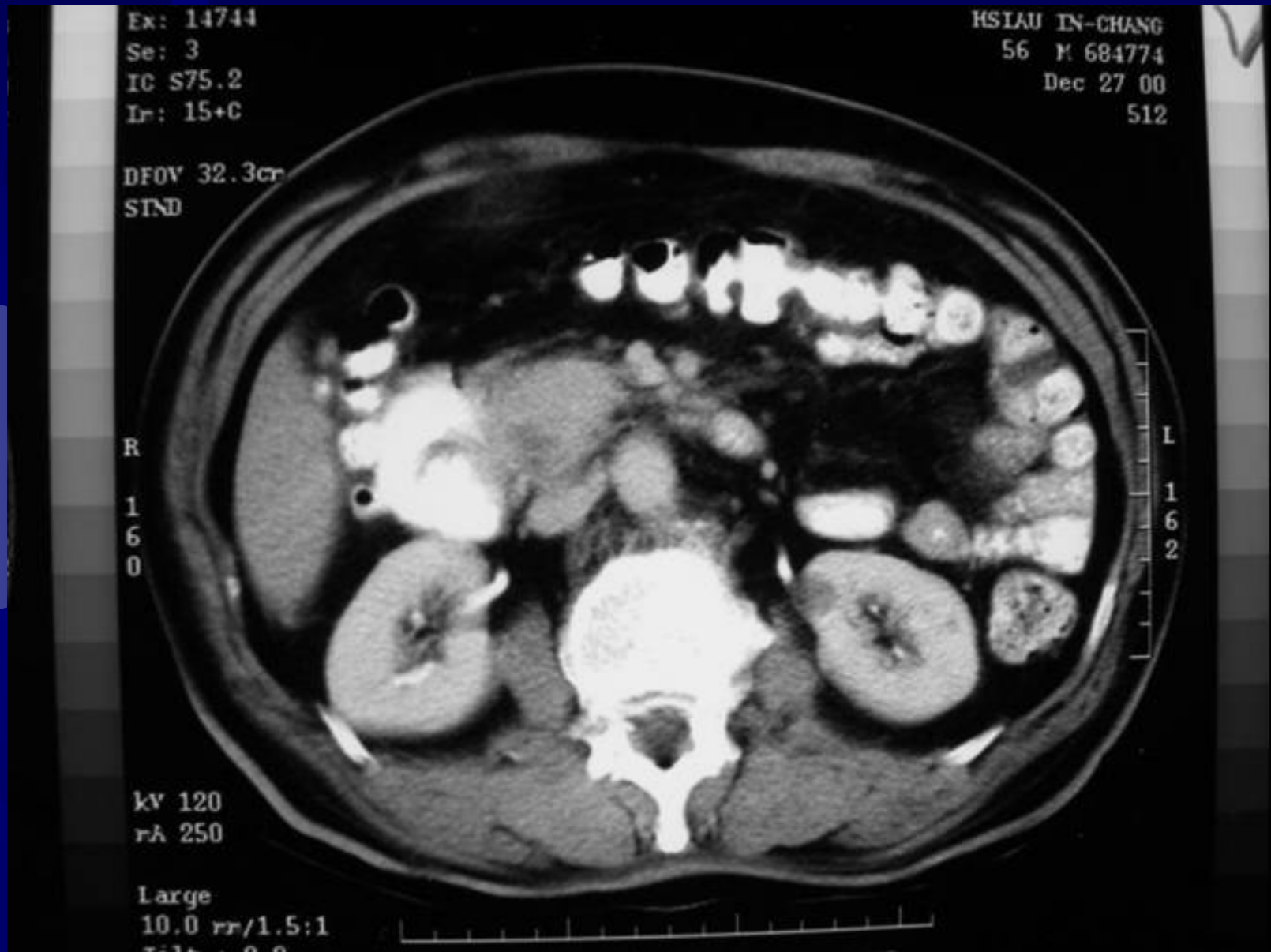
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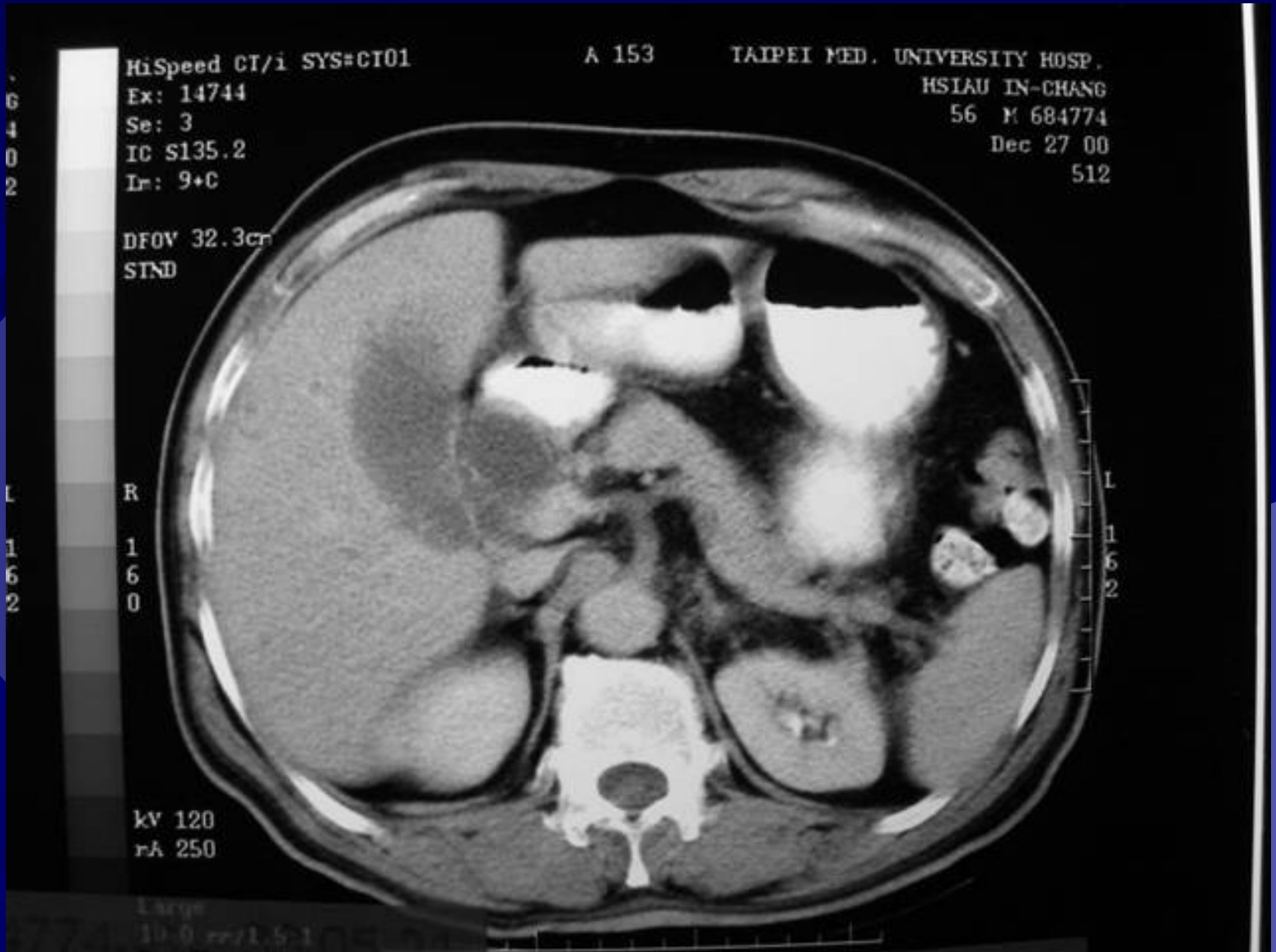
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Nodular lesion was noted at the ampular Vater of the 2nd portion duodenum
With dilatation of the biliary tree and distension of the gall bladder





Severe dilated IHD, CBD, and gall bladder
Obstructive level is noted at distal CBD, suggest peri-ampullar lesion

D/D of biliary dilation

- ★ Common duct stone
- ★ Benign stricture
- ★ Pancreatic cancer, cholangiocarcinoma, ampullary carcinoma, lymphoma
- ★ Pancreatitis
- ★ Cholangitis – oriental, pyogenic, sclerosing
- ★ Caroli's disease
- ★ Choledochal cyst
- ★ AIDS

Discussion (1)

- ✦ major causes of biliary obstruction : gallstones, tumor, stricture and pancreatitis
- ✦ Gallstones obstructing the bile ducts are seen as calcific or soft tissue density structures within the bile duct surrounded by a crescent of fluid-density bile.
 - which is not seen in this patient.
 - so the diagnosis is less likely gallstone
- ✦ CT didn't show evidence of pancreatitis

Discussion (2)

- ★ We can see nodular lesion in the 2nd portion of the duodenum and distal CBD obstruction lesion was also noted → suggest tumor lesion near the ampullar Vater
- ★ The most common tumor in that location:
 - Pancreatic cancer
 - Cholangiocarcinoma
 - Ampullary carcinoma
 - Lymphoma
- ★ Benign tumors:
 - Adenoma
 - Papilloma
 - Fibroma
 - Cystadenoma

Discussion (3)

★ Cholangiocarcinoma

- ★ Slow-growing carcinoma
- ★ Common site: junction of right and left hepatic duct (Klatskin's tumor)
- ★ Patient present with dilated intrahepatic duct
- ★ Demonstrates an intraluminal filling defect, frequent with irregular surface
- ★ Predisposing factor: sclerosing cholangitis, liver flukes: *Clonorchis sinensis*

684774

FRAME= 1
MG= 0
MS= 0



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28-DEC-00

L = 150
W = 298



Hypotonic duodenography:

Double-contrast duodenography showed that there is evidence of mucosal defect noted at the junction of 2nd and 3rd portions of the Duodenum, duodenal Cancer is most likely



Further treatment:

- ✦ Whipple's Operation was done at Jan 3rd , 2001

Pathology diagnosis

- ✦ Intestine, small, duodenum, periampullary, Whipple's operation, **adenocarcinoma** moderately to poorly-differentiated
- ✦ Pancreas, head and uncinate process, Whipple's operation, carcinoma involvement

