



Hilar Cholangiocarcinoma with Left Hepatic Duct Invasion

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Clinical Image

The patient was a 61 years old Caucasian male admitted to the Department of HPB in Konstantopouleio Hospital Athens, Greece with discomfort and jaundice of 7 days duration Hepatic function test revealed a high total Bilirubin level 17.5 $\mu\text{mol/l}$ with direct predominance and high cholestatic enzymes (ALP, GTP). CA19-9 level was markedly increased (235 U/L) with CEA in the normal range.

Plain and contrast CT of the abdomen revealed intrahepatic dilatation of the biliary system with more prominent in the left lobe and lobar atrophy of segments II and III. A space occupying lesion was documented at the hilar plate and lymph nodes in the hepatoduodenal ligament. Gallbladder without distension was demonstrated.

Magnetic resonance imaging revealed marked dilatation of both hepatic duct with left duct extension. A Bismuth type III b cholangiocarcinoma was diagnosed based on imaging and a percutaneous transhepatic stent was placed to decompress the right liver lobe. Vascular imaging revealed a left portal vein invasion.

After a thorough evaluation of patient condition, nutritional support and normalization of the Bilirubin level the patient underwent laparoscopy and after exclusion of cancer dissemination a surgical exploration was decided.

Left hepatectomy with caudate lobectomy and thorough lymph node dissection of stations 8,9,12,13,16,4 and 5 was performed.

The middle Hepatic vein was dissected and remain intact to avoid right liver lobe congestion.

Right hepaticojejunostomy with interrupted absorbable sutures between the right main hepatic duct and a jejunal loop in a Roux-en-Y fashion was performed. The operation lasted 245 min with 500 ml blood loss and no transfusion required.

A moderate differentiation adenocarcinoma of the bile duct was documented with liver invasion and 3/7 positive lymph nodes (Figures 1-5).

Immunohistochemistry revealed CK7,8,19 positivity.

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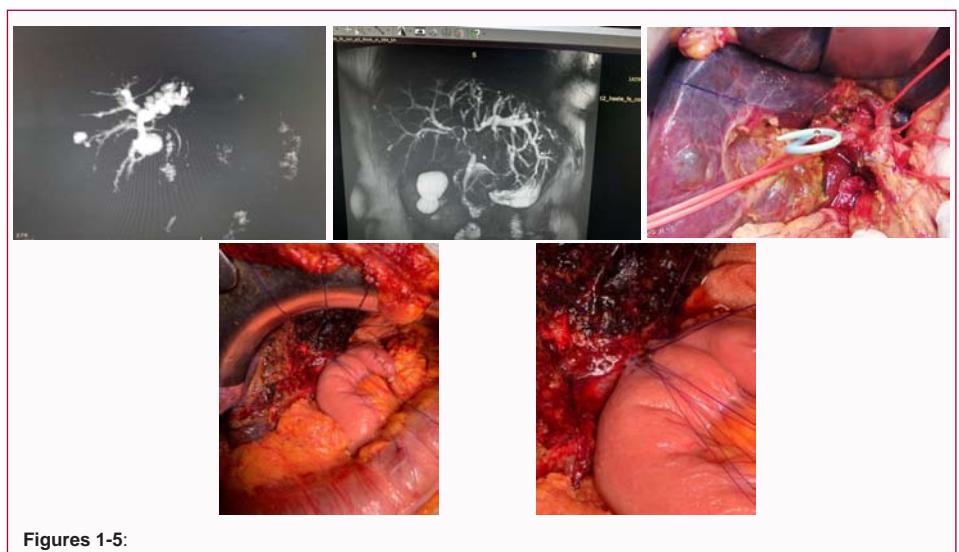
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Figures 1-5:

After the operation the patient had an uneventful recovery and discharged the 10th postoperative day in good condition.

A capecitabine regimen was received as adjuvant treatment. The patient remains free of disease after his 6 months follow up.