cated cholecystitis.Initially, we worried about possibility of optimal positioning of liver because volumetric calculation of the intrathoracic portion of liver ,calculated by computed tomography imaging, were 802 cm<sup>3</sup> which was three times of intraabdominal liver volume. Therefore, we contemplated closure of diaphragm using artificial patch, which was weak to contaminated field, or colonic mobilization through additional abdominal incision. However, We could perform cholecystectomy, reduction of liver, and primary repair of diaphragm via thoracic approach without additional abdominal incision or use of artificial patch with good result.

6

Synchronous Double Cancer with Adenocarcinoma of Distal Common Bile Duct and Intraductal Papillary Mucinous Carcinoma of the Pancreatic Head

Department of Surgery, Chonnam National University Medical School, Korea

<u>Ho-Hyun Kim</u>, Eun-Kyu Park, Jin-Shick Seoung, Young-Hoe Hur, Yang-Seok Koh, Jung-Chul Kim, Hyun-Jong Kim, Chol-Kyoon Cho

**Introduction:** Synchronous or metachronous malignancies have been identified in 10-52% of patients with intraductal papillary mucinous neoplasms of the pancreas. The gastrointestinal tract is most commonly involved in secondary malignancies, with benign colon polyps and colon cancer commonly seen in western countries and gastric cancer commonly seen in Asian countries. Other extrapancreatic malignancies associated with papillary mucinous neoplasms include benign and malignant esophageal neoplasms, gastrointestinal stromal tumors, carcinoid tumors, hepatobiliary cancers, breast cancers, prostate cancers, and lung cancers. But a case of intraductal papillary mucinous neoplasm with synchronous distal common bile duct cancer reported very rarely.

**Case Presentation:** A 73-year old man presented with abdominal pain and anorexia. Clinical examination revealed tenderness and rebound tenderness in the right upper quadrant of the abdomen. Blood tests demonstrated elevated transaminase, amylase, lipase, and bilirubin levels. The level of tumor markers was within the normal limits. Abdominal computed tomography and magnetic resonance imaging showed about a 1.8 cm ill-defined enhancing lesion in the distal common bile duct and 2 cm-sized mutiloculated cystic lesion in the uncinate process of the pancreas. The initial impression was intraductal papillary mucinous carcinoma in the pancreas, invaded to a distal common bile duct. The patient underwent pancreaticoduodenectomy. Gross pathologic examination revealed a 1×1 cm-sized fungating mass in the distal common bile duct and mucinous cystic mass with dilated pancreatic duct in the pancreatic head. The histopathology helped make the diagnosis of synchronous double cancer with adenocarcinoma of distal common bile duct and intraductal papillary mucinous neoplasm with an associated invasive carcinoma of the pancreatic head. The patient was discharged on the 12th postoperative day with uneventful recovery. He had received gemcitabine-based chemotherapy 3 times at 3-week intervals. There was no evidence of recurrence in the 1 month after surgery.

**Discussion:** Synchronous double cancers are defined as those cases that display primary malignant tumors of different histologic origins in one person. As the diagnostic methods have developed and the average life span has been extended, the diagnosis of multiple primary tumor has also increased. In our case, the initial radiologic diagnosis was intraductal papillary mucinous carcinoma in the pancreas, invaded to a distal common bile duct. However, the final pathologic diagnosis was synchronous double cancer with adenocarcinoma of distal common bile duct and intraductal papillary mucinous neoplasm with an associated invasive carcinoma of the pancreatic head.

7

## Successful Surgical Treatment for Recurrent Intraductal Papillary Mucinous Cholangiocarcinoma: Two Cases

Department of Surgery, Dankook University College of Medicine, Korea Sungho Jo, Hyo-Jun Lee

**Research Purpose:** Intraductal papillary mucinous cholangiocarcinoma (IPMC) is known to have a favorable prognosis compared to a flat-type cholangiocar-