

we found irregular shaped hard mass in the retroperitoneal space and the mass compressed duodenum with proximal loop dilatation. We tried to dissect the tumor but hard infiltration with surrounding tissue prohibited from approaching to mass itself. We performed incisional biopsy and palliative gastrojejunostomy. The immunohistochemical study showed that the tumor cells were metastatic squamous cell carcinoma of unknown origin. Postoperative Positron emission tomography - computed tomography (PET-CT) revealed no significant hypermetabolic lesion except for known retroperitoneal malignancy. The patient referred to department of oncology for palliative therapy and received 5-fluorouracil and low-dose cisplatin (FP)-based concurrent chemoradiotherapy. After 3-cycles of chemoradiotherapy and additional 2 cycles of FP chemotherapy, follow-up CT scan showed decreased tumor size of 2.8 cm compared to preoperative measured 5.4 cm. We planned surgical intervention anticipating complete removal of the tumor. The patient underwent pylorus preserving pancreaticoduodenectomy by the same operator of initial surgery. At surgery mass of pancreatic uncinate process as well as jejunal mesenteric nodule were detected, and they were successfully dissected. The immunohistochemical study showed that the pancreatic tumor were adenosquamous carcinoma which was extensively infiltrative with perineural and lymphovascular invasion, involvement of peripancreatic lymph nodes and all the thickness of the duodenum wall. The mesenteric nodule were reported as metastatic adenocarcinoma. The patient has received postoperative adjuvant FP chemotherapy and he is alive 8 months after initial surgery.

**Discussion:** The ASC of pancreas is an aggressive tumor with a poor prognosis. But the use of adjuvant chemotherapy or radiation may increase the duration of survival. However, owing to the rarity of ASC, the number of cases is too small to statistically support this claim. Furthermore the efficacy of neoadjuvant chemoradiation therapy affected this case, is unreported and further study is required.

## A Huge Mucin-producing Biliary Tumor Arising from Primary Sclerosing Cholangitis treated by Orthotopic Liver Transplantation: A Case Report

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**Introduction:** Mucin-producing biliary tumor is relatively rare neoplasm in the liver and the concept of this tumor has not been established yet. Some case reports have been published on this tumor treated with aggressive surgical resection due to serious complication causing by abundant mucus and highly possibility of malignant transformation or combined malignancy. Most of cases were reported with favorable prognosis and a high survival rate, even though the malignant component was found after hepatectomy. There has been a single case that mucin-producing biliary tumor treated with Orthotopic Liver Transplantation (OLT) was reported for a frequent recurrence after local resection has been reported. We herein describe a case of mucin-producing biliary tumor arising from Primary Sclerosing Cholangitis (PSC) which was treated by OLT. Pathological examination of the resected liver showed well-differentiated mucinous carcinoma arising from intraductal papillary neoplasm.

**Case Report:** The patient is a 30-year-old African-American female who has a known history of ulcerative colitis. She underwent uncomplicated total abdominal colectomy and ileoanal pull-through procedure 10 years ago. On August 2008, she transferred to hospital with right upper quadrant pain and jaundice. At the time she was admitted, ERCP was performed, showing multifocal intrahepatic biliary stricture, compatible with PSC. A year ago, during the workup for OLT, CT angiography showed marked intrahepatic and extrahepatic dilatation and huge low-attenuated mass in left hemiliver which extended to hilar area and segment 4. It seems difficult to be man-

aged with surgical options due to the tumor extension and the diseased liver. Over the last eight months, she has developed recurrent cholangitis and needed multiple percutaneous transhepatic catheters placement for drainage of mucin from her biliary tree. We have never been able to diagnose carcinoma. She has been listed up for OLT with a MELD exception score of 25 and matched MELD of 19 at March 2, 2010. On June 23, 2010, she underwent a successful OLT. The final pathologic report of the explant showed well-differentiated mucinous carcinoma arising from intraductal papillary neoplasm. Patient had one episode of acute cellular rejection which was managed by increasing a dose of immunosuppressant. The patient has showed no evidence of recurrence until after 9 months.

**Conclusion:** Even though many reports showed a good prognosis for mucin-producing biliary tumor after aggressive surgical resection, OLT could be a good option for patients with a mucin-producing biliary tumor arising from PSC.

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## Extra-Gastrointestinal Stromal Tumor of the Pancreas: Report of a Case

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**Research Purpose:** Gastrointestinal tumors are mesenchymal tumors that arise from the gastrointestinal tract. These tumors are mainly stomach, jejunum and ileum. In rare cases, these tumors are found in the pancreas. EGISTs of the pancreas are exceedingly rare and only eleven cases have been reported in the literature, so clinicopathologic features are not fully elucidated. Herein, We report a case of a pancreatic extragastrointestinal stromal tumor in a 64-year-old female patient together with a review of the literature.

**Materials and Methods:** We report a case of GIST in the pancreatic head. A 64-year-old women was referred to us for treatment of an abdominal mass detected by ultrasonographic examination. Under a pre-operative diagnosis of a duodenal GIST, we performed a pylorus preserving pancreatoduodenectomy

for this lesion.

**Results:** The laboratory examination was within normal range. On pathologic gross examination, the tumor measured 7 cm at its greatest dimension and involved the pancreatic head. The cut surface was rubbery and white. It was surrounded by a thin pseudocapsule and well demarcated, but shown to infiltrate the duodenal wall. Histopathological examination of specimen showed a cellular lesion with compressed pancreatic tissue at peripheral. Mitotic figures were 5/50 high power field. Immunohistochemically, neoplastic cells were positive for antibodies against C-KIT (CD117); whereas, smooth-muscle actin, reactions with antibodies against S-100, CD34 and desmin were negative. Based on the above findings, the tumor was finally diagnosed as malignant GISTs originating from the pancreas.

**Conclusion:** Although rare, EGISTs should to considered in the differential diagnosis of the more common solid neoplasms of the pancreas.

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## Complicated Cholecystitis Following Diaphragmatic Rupture

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A 44-year-old female was referred to our hospital in January 2011 for further evaluation for pleuritic chest pain. She had medical history of traumatic SAH and right side rib fracture caused by car accident in 2006 and she suffered intermittent right chest pain, febrile sensation, and dyspnea since 2010. Ten days prior to admission, pleuritic pain, dyspnea were more aggravated and she visited local medical center. On examination, chest computed tomography showed right side diaphragmatic rupture with herniated liver: left hemiliver and a part of anterior section which were flipped 90 degree ventrally. Furthermore, there was impacted gallstone, gallbladder wall thickening, and pericholecystic abscesses. On admission, she complained of dyspnea, pleuritic pain relieved by left lateral decubitus position. She was diagnosed with blunt right diaphragmatic rupture with hepatic hernia and compli-