

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 pancreateoduodenectomy

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 be 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-