

cation after organ transplantation which requires immunosuppressive therapy. Posttransplant immunosuppressive medications result in decreased immune surveillance against malignant cells and increase the risk of malignancies mediated by various viruses. In this study, we tried to investigate the incidence patterns and treatments of de novo malignancy after liver transplantation (LT), especially mainly after living donor liver transplantation.

Methods: Between August 1992 to December 2008, 2174 LT were performed, living donor liver transplantation cases were 1879 and deceased donor liver transplantation cases were 295.

Results: Among them, 35 patients (1.6%) revealed de novo malignancies. In this single-center series, the incidence rate of de novo malignancy was rather low (1.6%). The patterns of de novo malignancy were also different from those in western countries. The common malignancies were stomach cancer and colon cancer in this series, but skin cancer, lymphoma and lung cancer were more common in western countries.

Conclusion: In our institution, posttransplant periodic checkup was done in every 1-year basis, especially focused on common malignancies in Korea. The periodic checkup list always includes gastrofiberscopy for early detection of stomach cancer. The common malignancies usually occur in transplant patients at an earlier age than in the general population. Thus yearly screening checkup may be beneficial regardless the age of liver recipients.

17

Mechanical Ileus Associated Feeding Jejunostomy after Liver Transplantation

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Background: There are many complication associated with feeding jejunostomy with liver transplantation. Mechanical ileus is also often seen after the feeding jejunostomy after liver transplantation. Three different

patterns of complication in the patients with mechanical ileus after the feeding jejunostomy after liver transplantation can be introduced.

Patients and Methods: We reviewed the cases of three patients; first a 62-year-old woman who presented with toxic hepatitis and received living liver transplantation, second a 68-year-old woman who presented with acute on chronic HBV hepatitis and received living liver transplantation emergently and, third a 16-year-old woman who presented with toxic hepatitis on the drug and received emergent cadaveric liver transplantation. Their medical records were retrospectively reviewed.

Results: One patient showed self limited recovery with hydration and restricting diet. The other patients required emergent operation. The performing of feeding jejunostomy during the liver transplantation must be considered seriously because of its urgent complication.

18

Unusual Type of Hepatic Hemangioma Mimicking Hepatocellular Carcinoma: High-Flow Pattern on MRI

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Introduction: The hepatic hemangiomas could be distinguished with hepatocellular carcinoma (HCC) in the point of showing bright signal intensity on unenhanced T2-weighted imaging of MRI. However, some atypical hemangiomas, especially high-flow hemangiomas, can display rapid, intense homogeneous arterial enhancement and can show isointense or slightly hyperintense signal during the equilibrium phase of liver MRI using gadoxetic acid-enhancement MRI. Therefore, these early enhancing types of hemangiomas can mimic hypervascular hepatic tumors, such as HCC. We report the case of high-flow hepatic hemangioma confused with HCC.

Case: A 65-year-old male presented our hospital with liver mass detected by health survey and he had no history of hepatitis and liver cirrhosis. Enhanced com-