

The 11<sup>th</sup> International Single Topic Symposium of the Korean Association of HBP Surgery (ISTS 2016)  
- Precancerous & Cancer Mimicking Lesions in HBP Field -



*Session 1. The Bile Duct Enigma*

## **IHD stone related cholangiocarcinoma; real situation in Korea and best treatment option**

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### **Curriculum Vitae**

In 1996 Graduated from Gyeongsang national university school of medicine

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## **IHD stone related cholangiocarcinoma; real situation in Korea and best treatment option**

The prevalence of hepatolithiasis is still high and the pattern remains unchanged in Korea. Furthermore, hepatolithiasis is a risk factor for cholangiocarcinoma and known pathogenesis includes recurrent cholangitis, bile stasis and chronic bacterial infection, which is related with chronic inflammation. However, hepatolithiasis related cholangiocarcinoma is difficult in diagnosis preoperatively. Intrahepatic stones and strictures hinder clear visualization of the intrahepatic ducts on cholangiography and periductal infiltrative type tumor is difficult to find because it does not make definite mass-like lesion. History taking and laboratory findings are important for suspecting cholangiocarcinoma such as long-standing duration of hepatolithiasis with weight loss, high levels of serum CEA, alkaline phosphatase, old age, bilienteric anastomosis, stone recurrence, stone in both hepatic lobes, and relapsing infection. Furthermore, imaging modalities is useful to differentiate hepatolithiasis related cholangiocarcinoma. Previous study showed that the presence of preductal soft-tissue density, higher enhancement of the duct than adjacent bile duct on portal venous phase images, ductal wall thickening, portal vein obliteration, and enlarged lymph node were specific criteria of diagnosis in computed tomography. Magnetic resonance imaging showed hypointense mass on T1 weighted images. The findings of positron emission tomography is useful to detect mass forming type tumor, which was ring-shaped uptake. Although preoperative diagnosis was incompatible with cholangiocarcinoma, surgeon can suspect cancer in operation field. Nodular mass in the liver, mucobilia and mucosal changes on cholangioscopy imply the possibility of cholangiocarcinoma. Surgeon need to perform radical surgery for revealed cholangiocarcinoma using frozen biopsy intraoperatively. Although hepatolithiasis related cholangiocarcinoma has higher rate of resectability compared with cholangiocarcinoma, the prognosis of hepatolithiasis related cholangiocarcinoma is worse than cholangiocarcinoma. However, every patient with hepatolithiasis needs not hepatic resection for preventing cholangiocarcinoma. Previous studies revealed that there was no significant difference in overall survival between the patients with or without hepatic resection. Improving preoperative diagnostic accuracy and confirming adequate surgical indications is need for hepatolithiasis related cholangiocarcinoma.