Case Report: Can Cholangiocarsinoma Be İdentifed During Laparoscopic Cholecystectomy ?

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Abstract:
Laparoscopic surgery may be used for treating a variety of benign hepatic lesions in selected patients. The anatomic location of the lesions is more important than other peculiarity in the laparoscopy. The aim of this presentation is to investigate the effects, considerable and feasibility of laparoscopic intraoperative cholangiography. The procedure was shown to be feasible and safe, offering the advantages of laparoscopic surgery.
Key words: *Common bile duct tumor, Laparoscopy, Intraoperative cholangiography.*

Introduction:
Intraoperative cholangiography (IOC) in the course of Laparoscopic cholecystectomy(LC) is not only valuable to detect common bile duct stones, but also to delineate the anatomy of the biliary ducts, facilitate the dissection, avoid injuries to the biliary tract and identify other abnormalities, such as fistulas, cysts and tumors of the biliary system(1,2,3,4). In this article a case had malign tumor in proximal common hepatic duct is described and the literature reviewed.

Case Presentation:
Our case was a 47 -year-old man who presented to ınner-medicine in our hospital with right-upper-quadrant pain. Ultrasound(US) was examined. US demonstrated multicalcule in gallbladder. After the diagnosis, we suggest laparoscopically surgical operation during the consultation. His preoperative liver function tests, hemogram had been normal.
Firsly we exposed calot's triangle. After identifited cyctic duct, a small incision was made. The catheter into the duchotomy. When we injected contrast a fillig defect whereCBD nearly cyctic junction was observed (Figure I).

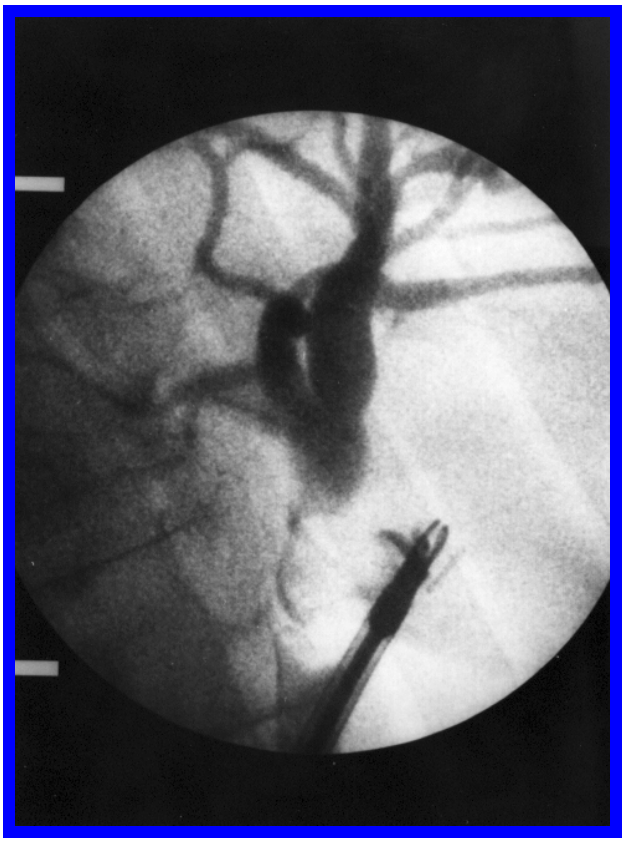

***Figure I*:** This Laparoscopic IOC shows incomplete obstruction at the common bile duct. In this case had malign tumor in proximal common hepatic duct on biopsy.

On this area a biopsy was made which result malign tumor reported by pathologist. Laparoscopic procedure converted open surgery. cholecystectomy, common hepatic duct excision and Roux-en-Y hepaticojejunostomy were made. The patient did well postoperatively and was discharged home on the fifth postoperative day.

Conclusion:

The autopsy incidence of cholangiocarsinoma is about 0,3 percent(5). Unlike gallbladder carsinomas, bile duct tumors occur more frequently in men. Over 95 percent of bile duct cancers are adenocarsinomas(5).

Surgical excision is the only potentially curative treatment for cholangiocarsinoma (5). If tumor involving the bifurcation or proximal common hepatic duct are candidate for local tumor excision with portal lymphadenectomy, cholecystectomy, common hepatic duct excision and Roux-en-Y hepaticojejunostomy(5,6). We performed same procedures for our case.

The routine use of IOC ensures experience with the technique, optimizing result and interpretation to a much greater extend than when IOC is employed occasionally as dictated by the selective policy(6). In our department we use routine IOC during laparoscopic surgery of gallbladder.

Reference:

1. Macintyre IMC, Wilson RG. Laparoscopic cholecystectomy. *Br J Surg* 1993; 80: 552-559.
2. Perissat J. Laparoscopic cholecystectomy. The European experience. *Am J Surg* 1993; 165: 444-449.
3. Roumen RM, van Meurs PA, Kuypers HH, Kraak WA, Sauerwein RW. Serum interleukin-6 and C reactive protein responses in patients after laparoscopic or conventional cholecystectomy. *Eur J Surg* 1992; 158: 541-544.
4. Kuster GG, Gilroy S, Graefen M. Intraoperative cholangiography for laparoscopic cholecystectomy. *Surg Gynecol Obstet* 1993;176[5]:411-7.
5. Seymour I. Schwartz. Gallbladder and extrahepatic biliary system. Seymour I. Schwartz, Editors. Prıncıples of Surgery. Seventh edition. New york: McGraw-Hill International ınc, 1999: 1437-1466.
6. Pamela A, Joseph A, Ronald K, Charles J, Cushierrei David R. Gallbladder and bile duct. Michael J. Zinner, Editors. Abdomınal operatıons. Tenth edition. London: *Prentice Hall International ınc,* 1997: 1701-1898.
7. Cuschıerı A, Bercı G. Laparoscopic Biliary Surgery. Cuschıerı A, Editors. Second edıtıon, London,Edınburg, Boston, Melbourne, Paris, Berlin, Vienna, Oxford, *Blackwell Scıentific Publıcatıon*, 1995: 69-131.

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