



Surgical Treatment of a Common Bile Duct Polyp and Synchronous Gastric Cancer: A Case Report

Koledok Polibi ve Eş Zamanlı Mide Kanserinin Cerrahi Tedavisi: Olgu Sunumu

Choledochal Polyp and Gastric Cancer; A Rare Occurrence

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Özet

Klinik olarak taş veya darlığı taklit eden koledokun iyi huylu polipoid tümörleri çok nadirdir. Tıkanma sarılığı nedeni ile araştırılırken koledok polibi ve eş zamanlı mide kanseri saptanan 65 yaşında kadın hastaya yaklaşımımızı sunmayı amaçladık. Tedavide radikal total gastrektomi ve koledok eksizyonu yapılarak rekonstrüksiyon çift Roux-en Y anastomoz ile gerçekleştirildi. Bu vaka literatürde ilk vaka olarak sunulmaktadır.

Anahtar Kelimeler

Koledok Polibi; Cerrahi Teknik; Roux-en-y Hepatikojejunostomi

Abstract

Benign polypoid tumors of the common bile duct (CBD) are a rare occurrence, and the clinical presentation can mimic that of a stone or stricture. This 65-year-old female patient was diagnosed with CBD polyp and synchronous gastric cancer, while undergoing investigation for mechanical jaundice. The treatment involved excision of CBD and radical total gastrectomy followed by reconstruction with double Roux-en-y anastomosis. This case is worth publishing because it is the first case in the literature.

Keywords

Common Bile Duct Polyp; Surgical Technique; Roux-en-y Hepatikojejunostomy

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Introduction

Benign bile duct tumors are very rare tumors, which may pose diagnostic dilemmas preoperatively. They may produce obstructive jaundice, which can be easily confused with a malignant neoplasm or stone. The most common benign tumors of the extrahepatic biliary tree arise from the glandular epithelium lining the ducts; about two-thirds of benign tumors are polyps, adenomatous papilloma, or bile duct adenomas. Most are found in the periampullary region, but they can be distributed throughout the entire biliary tree. Due to recent advances in diagnostic techniques and early diagnosis, biliary adenomas are often detected as high-grade dysplasia or carcinomas in situ [1, 2].

Case Report

A 65-year-old woman was admitted to our emergency department with a 3 day history of jaundice and right upper quadrant pain. She had diabetes mellitus, which had been controlled by an oral hypoglycemic agent. She had no family history of gastric, colorectal cancer, or polyposis. On physical examination, she had icteric sclerae. Abdominal examination revealed no palpable mass or tenderness. Laboratory tests showed elevations of total bilirubin (4.2 mg/dL), direct bilirubin (3.1 mg/dL), alkaline phosphatase (302 IU/L), alanine transaminase (224 IU/L), and gamma glutamyl transpeptidase (320 IU/L). The serum amylase, the carbohydrate antigen 19-9, and the carcinoembryonic antigen level were within the normal range. The hepatitis serologic markers were all negative. Abdominal ultrasonography showed dilated intrahepatic bile ducts. An MRCP showed a 25-mm polypoid lesion in the mid one-third of the CBD (Figure 1). This finding led to the decision to perform ERCP, which revealed a synchronize mass lesion in the gastric antrum with a malignant appearance and a polypoid lesion in the gastric cardia. The CBD was cannulated and a polypoid lesion was observed. A stent was placed to ensure bile flow. A biopsy specimen was obtained from each of the 3 lesions, and the examination of the specimens revealed adenocarcinoma in the antral gastric mass, high-grade dysplasia in the gastric cardiac mass, and adenomatous polyp for the CBD polyp. The patient underwent a colonoscopy to evaluate for the presence of colonic polyps and the procedure showed normal findings. The patient then underwent abdominal computed tomography with oral and intravenous contrast enhancement for staging purposes. Computed tomography did not show additional pathologies other than wall thickening in the gastric antrum (Figure 2). She was operated on after informed consent was obtained. Total gastrectomy and D2 lymph node dissection with Roux-en-y esophagojejunostomy reconstruction were done. At the second stage of the operation, the excision of CBD and Roux-en-y hepaticojejunostomy (second Roux-en-y anastomosis) were performed (Figure 3). We decided to perform total gastrectomy because of the high-grade dysplasia in the gastric cardia; however, there was no palpable mass in the gastric cardia intraoperatively. Examination of the pathologic specimens revealed moderate differentiated adenocarcinoma in the total gastrectomy material. The tumor was localized in the antrum of the stomach and 5,5 X 4,5 X 2 cm size infiltrating gastric submucosa. Proximal and distal margins were free of tumor. Only one lymph node was meta-



Figure 1. An approximately 25mm-sized polypoid lesion was seen at the 1/3 portion of the common bile duct (arrow) in the MRI scanning of abdomen.

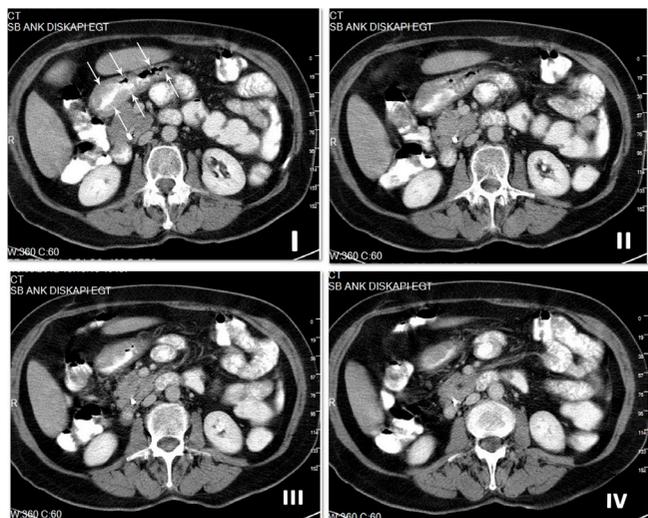


Figure 2. Gastric antral wall thickness was noted (arrow) with contrast enhanced computed tomography of abdomen.

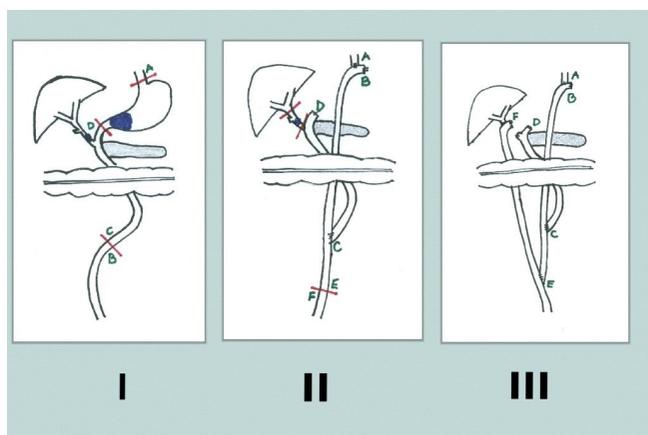


Figure 3. Schematic drawing of resections and anastomosis.

static within the 58 lymph nodes. Pathologic staging was T1b N1 M0, stage IB according to AJCC Seventh Edition (2010). The pathologic examination of CBD polyp was high-grade dysplasia tubular adenoma. The patient was discharged at day 8 without any complications. According to the oncology council decision she received adjuvant chemotherapy. At 12 months postoperatively, there is no evidence of recurrence of carcinoma.

Discussion

The clinical manifestations of a biliary polyp include jaundice, right upper quadrant abdominal pain, dyspepsia, and nausea and vomiting in a fashion similar to ampullary tumors. In the biliary tract, gallbladder polyps are common, but CBD polyps are rare [3, 4]. Attesting to the rarity of these lesions, only 2 cases of benign extrahepatic bile duct disease occurred in 4,200 biliary tract operations in one institution [5]. According to the distribution of papillomas and adenomas of the biliary tree, the ampulla (37%) and common bile duct (27%) are the most frequent sites [6]. In this case the polyp was in the mid one-third of the common bile duct. Most CBD polyps have neoplastic changes. Burhans and Myers reported that among 88 cases of extrahepatic bile duct polyps, papilloma was found in 44 cases and adenoma in 39 [7]. In the present report, the presence of synchronous gastric cancer makes this case interesting for publication. The decision to perform total gastrectomy was made due to the presence of a high-grade dysplasia in the gastric cardia. CBD polyps have potential risk for malignant transformation [1, 2]. In this case, excising only the polyp with secure margins was impossible due to its size, so we performed the excision of CBD and bilioenteric anastomosis. Also the preferred reconstruction is a Roux-en-y choledochojejunostomy to decrease the risk of postoperative biliary stricture or recurrent cholangitis.

The literature search shows that polyps of the CBD are extremely rare conditions. The presence of a synchronous gastric cancer has not been previously described in the literature.

Competing interests

The authors declare that they have no competing interests.

References

1. Chae BW, Chung JP, Park YN, Yoon DS, Yu JS, Lee SJ, Lee KS, Chung JB, Lee SI, Moon YM, Kang JK. Villous adenoma of the bile ducts: a case report and a review of the reported cases in Korea. *Yonsei Med J* 1999; 40: 84-89
2. Yokohata K, Yamaguchi K, Kimura H, Tanaka M. Hyperplastic polyp of the common bile duct. *Am J Gastroenterol* 1992; 87:237-239.
3. Fletcher ND, Wise PE, Sharp KW. Common bile duct papillary adenoma causing obstructive jaundice: case report and review of the literature. *Am Surg* 2004; 70:448-452.
4. Bum-Soo Kim, Sun-Hyung Joo, Kwang-Ro Joo. Carcinoma in situ arising in a tubulovillous adenoma of the distal common bile duct: A case report. *World J Gastroenterol* 2008 August 7; 14(29): 4705-4708
5. Farris KB, Faust BF. Granular cell tumors of biliary ducts. Report of two cases and review of the literature. *Arch Pathol Lab Med* 1979; 103:510.
6. Weber S, Fong Y. Biliary Neoplasms. In: Mulholland MW, Lillemoe KD, Doherty GM, Maier RV, Upchurch GR, editors. *Greenfield's Surgery: Scientific Principles And Practice*, 4th Ed. Lippincott Williams & Wilkins; 2006. p.1029-30
7. Burhans R, Myers RT. Benign neoplasms of the extrahepatic biliary ducts. *Am Surg* 1971; 37:161-166.

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