Gastrointestinal complications after concurrent chemoradiotherapy in locally advanced pancreatic cancer

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Objectives Pancreatic cancer (PC) is the fifth leading cause of cancer-related deaths in South Korea. About 3,400 patients newly develop it annually, and it accounts for the ninth highest cancer incidence, comprising 2.6% of all cancers. Patients with locally advanced pancreatic cancer (LAPC) have a median survival of six to ten months. Chemoradiotherapy (CRT) is considered as a treatment option for LAPC. However, there is a concern about the gastrointestinal toxicities of CRT. Aim and Methods The aim of this study was to characterize the prevalence and patterns of gastrointestinal complications after CRT in LAPC. Medical records of patients who had been confirmed to have LAPC via histologic diagnosis and received CRT were analyzed. Results One hundred and fifty-seven patients with LAPC received CRT. The chemotherapy regimens were 5-FU-based (30%), gemcitabine-based (60%), and 5-FU/gemcitabine-based (10%). The radiotherapy modalities were coformal radiotherapy (76%) and tomotherapy (24%). The median follow-up period was 394 days (60-1,567). Seventy-eight (49.7%) patients underwent endoscopy after CRT. Fifty-four (69.2%) patients had significant complications such as gastric ulcer (n=26), duodenal ulcer (n=17), radiation gastritis (n=17), and radiation duodenitis (n=5). The median onset time of gastrointestinal complication was 159.5 days (24-1,149). Forty-one patients (52.6%) had upper gastrointestinal bleeding, such as hematemesis and melena. Nine patients (30%) expired due to uncontrolled bleeding. Conclusions Gastrointestinal complications are common among patients who have undergone CRT to treat LAPC. Further investigation is needed to reduce serious radiation-induced gastrointestinal complications.

EPLBD is safe and effective for the treatment of choledocholithiasis in cases of Billroth II anastomosis with subtotal gastrectomy

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Background: In patients that underwent subtotal gastrectomy with Billroth II (B-II) anastomosis, endoscopic treatment of common bile duct (CBD) stones requires a more precise technique. Especially, endoscopic sphincterotomy in that situation is frequently troublesome with the anatomical change. **Aims:** We evaluated the efficacy and safety of EPLBD in CBD stone patients with B-II anastomosis and subtotal gastrectomy. **Materials & Methods:** From June 2006 to August 2009, patients with CBD stones, who had received subtotal gastrectomy and B-II anastomosis previously, were included in this study. For the procedure, conventional side-view duodenoscopy (Olympus TJF-240, Olympus Optical Corp. Ltd., Tokyo, Japan) was used. EPLBD was performed with a 10 -18 mm balloon catheter (CRE wire-guided dilator, Boston Scientific Corp. Natick, MA, USA). In case of success in selective cannulation through the sphincter, EPLBD was performed without EST. The case of failure to cannulate CBD selectively were dilated after fistulotomy with needle knife. **Results:** A total of 30 patients (24 of male) underwent EPLBD for the retrieval of CBD stones, 11 patients with concurrent NKF. The mean diameter of CBD was 13.3±2.7 mm and the balloon was 11.8±1.4 mm. Eleven patients had gallbladder stones in the initial diagnosis. Bile duct stones were successfully removed in all patients. In only three patients, repeated sessions of ERCP were needed for complete removal of CBD stones. Mechanical lithotripsy was not required in all cases. As for acute complications, post-EPLBD induced mild pancreatitis in one patient (3.3%). Severe complications including perforation and bleeding were not observed. As for late complications, cholecystitis occurred in two of the 11 patients with gallbladder stones. **Conclusions:** In cases of B-II gastrectomy, EPLBD is a safe and highly effective technique for the retrieval of CBD stones. EPLBD should be considered as an alternative tool to conventional EST.