Pancreatic Cancer and Cholangiocarcinoma Developed before Cholecystectomy

We report unusual case of arising two cancers, pancreatic head cancer and cholangiocarcinoma in 43-year-old woman who had undergone excision of choledochal cyst and Roux-en-Y hepatopancreatoduodenectomy. Patient first visited hospital in 2002, diagnosed by CT as choledochal cyst (Todani-type IVA) and multiple stones in common bile duct, IHD, and gall bladder. After surgery, IHD stones were repeatedly detected on CT and treated by percutaneous transhepatic cholangioscopy (PTCS). We observed amorphous isoechoic lesion in common bile duct with duct dilatation. We performed endoscopic sphincterotomy (EST) and removed blood coagula by basket and balloon sweeping. Biliary tract obstruction was not resolved due to persistent gallbladder cancer. We experienced a persistent hemobilia by bleeding from adenosquamous gallbladder cancer, and resolved the CBD obstruction by EST and washing the CBD following cholecystectomy.

Biliary Cystadenoma Causing Esophageal Varices

Biliary cystadenomas are benign but potentially malignant cystic neoplasm. The preferred treatment of suspected cyst is radical resection because it is difficult to differentiate a benign from a malignant biliary cystadenoma. We report a case of biliary cystadenoma along with discussion of the management and diagnostic approach. A 40-year-old woman presented with moderate abdominal discomfort. Esophageal varix was found up to mid-esophagus on endoscopy. She has no prior history of liver disease or chronic alcohol ingestion. About 15cm sized biliary cystadenoma was diagnosed by ultrasonography (US), computed tomography (CT) and magnetic resonance imaging (MRI). Serum level of bilirubin, alanine aminotransferase, alkaline phosphatase, gamma-glutamyl transpeptidase and tumor marker (CA19-9) were elevated. The patient underwent US-guided aspiration. Tumor markers from the aspirated fluid are increased (CEA, CA 19-9). Left hepatectomy was performed to completely remove the cyst. Histology of the resected specimen confirmed a biliary cystadenoma of the liver with ovary-like stroma. Without prior history of liver disease or chronic alcoholic ingestion, incidental finding of esophageal varix could show important clue of diagnosing biliary cystadenoma.

Repeated Sessions of Common Bile Duct Washing for Hemobilia by Gallbladder Adenosquamous Carcinoma before Cholecystectomy

We experienced a persistent hemobilia by bleeding from adenosquamous gallbladder cancer, and resolved the CBD obstruction by EST and washing the CBD following cholecystectomy.

Relationship between J-Wave and Vagal Activity in the Patients Who Do Not Have Structural Heart Disease

Background: Augmentation of a J-wave has been associated with an increase of vagal activity in patients with an idiopathic ventricular fibrillation. The present study aimed to determine whether the presence of a J-wave on the surface ECG could be related to an increase of vagal activity in patients who do not have structural heart disease.

Methods: This study is a retrospective study of 596 patients who did not have structural heart disease from 2010 to 2011 at Inha University Hospital, Incheon, Korea. The surface ECG and a Holter ECG were performed. We categorized patients two groups who have a J-wave (group1), and those who do not have a J-wave on the surface ECG (group2).

Results: The presence of a J wave was observed in 79 (13.3%) patients among all patients. Age, frequency of classical cardiovascular risk factors and sex ratio were similar between two groups. Heart rate (HR) on the surface ECG (group 1 vs. group 2: 68.32±12.97 vs. 72.44±12.83, p=0.007), minimal HR (47.16±6.78 vs. 48.92, p=0.036) and average HR (70.51±8.62 vs. 74.09±8.97, p=0.001) on the Halter ECG were significantly slower in the group 1. Neither LF nor HF was significantly different between the two groups. However, the LF/HF was significantly lower in the group 1 (2.35±1.49 vs. 2.95±1.47, p=0.001). The rMSSD(Square root of the mean squared differences of adjacent intervals more than 50ms during 10 min, %) also had significantly higher values in the group 1 (34.09±12.25 vs. 30.79±12.34, p=0.027, 12.01±9.18 vs. 9.66±8.73, p=0.028, respectively).

Conclusions: In patients who do not have structural heart disease, the presence of a J-wave was associated with a slow heart rate and an increase in vagal activity, independently.