Metal Stent Dysfunction in a Patient with Advanced Hilar Cholangiocarcinoma

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Age and Gender: 78, Female

Chief Complains: Abdominal pain, fever and chilling, onset) 1 day before

Present Illness: A 78-year-old woman visited emergency room complaining abdominal pain, vomiting, fever and chilling sensation. She was diagnosed with advanced hilar cholangiocarcinoma, Bismuth type IIIa, nine months ago. For biliary drainage, uncovered self-expandible metal stents (UCSEMSs) were inserted into both intrahepatic ducts using by stent-in-stent method through endoscopic retrogradecholangiography (ERC). She visited out-patient clinic regularly every 3 or 4 weeks after insertion of UCSEMSs for hilar obstruction. She had been doing well before the symptoms happened.

Past History: Hypertension/Hilar cholangiocarcinoma (adenocarcinoma)

Family History: Non-specific

Physical Examination and Laboratory Findings:
Body temperature: 38.9°C,
Ill-looking appearance,
Abdomen: Tenderness in the peri-epigastrium and right upper quadrant area
Sclera: icteric, Skin: yellowish
CBC: WBC 13,750/mm³-Hb 12.5 g/dL-PLT 291 × 10³/μL
AST/ALT/ALP/rGTP: 192/217/234/557 (IU/L), total bilirubin/direct bilirubin: 8.3/6.4 (mg/dL)
ESR: 66 mm/hr, CRP: 11.0 mg/dL.

Endoscopic and Radiologic Findings: Abdominal CT scan and ERC showed dilation of both intrahepatic ducts and stent occlusion due to tumor ingrowth was strongly suspected.

Hospital Progress: Biliary drainage and stent revision were performed for relief of suppurative cholangitis.