

2018-01-27 0730pm 外科病理討論會

解剖病理科蕭正祥主任主講

第二病例 胆道病變 65 歲女性打嗝 (Hiccup)

Hilar biliary stricture (胆道狹窄)

Benign (良性)

Traumatic or iatrogenic (外傷性或醫源性)

Nontraumatic (inflammation or infection) (非外傷性發炎或感染)

Primary sclerosing cholangitis (台灣少見?) (原發性硬化樣胆道炎)

Mirizzi syndrome (胆束壓迫胆管引起胆管阻塞黃疸)

Secondary sclerosing cholangitis (次發性硬化樣胆道炎)

Klatskn-mimicking lesion : still diguistical and therapeutical dilemma? (像胆管腫瘤?)

Hiccup, poor appetite, abdomen fullness and tea color urine, (打嗝、胃口差、

腹脹、小便茶褐色、兩週體重減輕 3 公斤)

for 2 weeks. Loss of weight 3 kg/2 weeks.

No operation history before. (沒有手術史)

Admitted to GI on 2017-10-11

TB/DB:11.76/7.21, ALT/AST:330/108, ALP/GGT: 152/117

CA199: 218.2, CEA: 2.1, AFP:3.8,

HBsAg(-), AntiHBs(-), Anti-HCV(-)

IgG4: 44.38 (Ref: 3.9-86.4)

CT scan (2017-10-13):

Obstruction in the region of the common hepatic duct causes dilatation of the intra-hepatic bile ducts of both lobes of liver, Ddx: benign stricture or cholangiocarcinoma. No enlarged regional lymph nodes. Common hepatic bile duct is normal. Mild wall thickening of the gallbladder. Pancreatic head is normal. Mild dilatation of pancreatic duct. A cystic mass about 4x6.6x4.2 cm in size in the upper posterior margin of the S7 of liver, probably due to hepatic cyst.

MRCP (2017-10-17): A small (about 1.5cm) and subtle mildly rim enhancing lesion over proximal common hepatic duct adjacent to hepatic portal vein with apparent dilatation of bilateral IHDs, and a Klatskin tumor is suspected.

PTCD (2017-10-17): Sharp tapering and total occlusion over common hepatic duct with dilated Rt and Lt IHDs.

外科部常傳訓記錄
2018.01.27

2018-01-28 0730pm 外科病理討論會

解剖病理科蕭正祥主任主講

第三病例 瀉劑引起之腸道缺血

DM

Partial - 魚鱗狀排列- 高倍鏡下發現

Kayexalate sorbitol associated

Intestinal adhesion, perforation, Mechanism

→造成 constipation, Impaction

因此與 sorbitol 合併使用- osmotic laxative

→Kayexalate 並不是引起 intestinal damage 主因，

有可能是 sorbitol 引起之 intestinal damage, ischemia,

→處理這些病人之考慮

洗腎病人 混合有高血鉀 K: 6.3

外科部常傳訓記錄
2018.01.27