

E11

A case of triple synchronous primary cancer in the gallbladder, distal common bile duct, and rectum

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Background : Reports of multiple primary cancer have been introduced frequently because we are in the era of highly developmental diagnostic imaging systems. There was no report including triple primary cancer (TPC) involving two biliary systems yet. We herein report a patient with TPC involving the gallbladder (GB), distal common bile duct (CBD), and rectum who underwent curative resection.

Methods : A 72-year-old male who had hypertension and coronary heart disease was admitted to our hospital with epigastric pain. Computed tomography (CT) scan and magnetic resonance cholangiopancreatography (MRCP) revealed that the patient had a 3cm-sized enhancing mass in GB body and segmental luminal narrowing of intrapancreatic bile duct. Additionally, GB cancer with acute cholecystitis was diagnosed by the endoscopic US (EUS) and biopsy via endoscopic retrograde cholangiopancreatography (ERCP) was performed at level of distal CBD. Moderately differentiated adenocarcinoma in distal CBD was reported histopathologically. The patient underwent PET-CT for identification of distant metastasis, focal hypermetabolic lesion (SULmax: 7.9) in mid-rectum was incidentally detected. As tumor markers, normal serum CEA (2.9 ng/mL) and a slightly high level of CA19-9 (67.0 U/mL) were shown. In a colonoscopy, a 2cm-sized pedunculated mass at the mid-rectum was identified and removed by endoscopic mucosal resection (EMR) successfully. The rectal mass was diagnosed with well-differentiated adenocarcinoma with Haggitt's level 1 arising from tubular adenoma with a negative resection margin.

Results : After reporting of rectal cancer, we performed hepato-pancreatoduodenectomy (PPPD plus liver wedge resection) for GB and distal cancer. Final histopathology findings showed poorly differentiated GB cancer (pT2bN0) and distal CBD cancer (pT1N0) with negative resection margins.

Conclusions : Synchronous TPC involving two and more biliary systems is extremely rare. We suggest that PET-CT should be performed to detect hidden synchronous malignancy in whole body during preoperative work-up. Patients with early detected other malignancies by PET-CT, such as early colon cancer, can expect good outcomes after curative treatments.

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