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Klatskin-mimicking neuroendocrine tumor

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Key words: Neuroendocrine tumor. Klatskin tumor.

Dear Editor,

With regard to the article published in your journal by Konstantinos Tsalis et al. on Klatskin-mimicking lesions (1), we recently diagnosed a neuroendocrine tumor (NET) in the proximal biliary tract of a 78-year-old female with obstructive jaundice manifestations. A chest-abdomen-pelvis computed tomography (CT) scan identified infiltrating ductal cholangiocarcinoma (Klatskin tumor, type IV in the Bismuth-Corlette classification with cT2N1 staging) and a liver mass in segment IV. A high-grade NET was diagnosed following a guided thick-needle biopsy of the liver mass. Immunochemistry staining was strongly positive for chromogranin, synaptophysin and CK AE1-AE3, with a Ki67 index of 40%. An external-internal biliary drain was placed in the right hepatic duct and an external drain in the left hepatic duct due to the inoperability of the lesion (Fig. 1). This led to a gradual decrease in bilirubin levels, which allowed palliative chemotherapy to be started.

Discussion

Only 15-20% of tumors in this location are not adenocarcinomas and NETs account for 0.2-2% of the total. Symptoms derived from hormonal secretion are exceptional. In

fact, they did manifest in our case. Furthermore, the condition is usually diagnosed with metastatic disease.

References

1. Tsalis K, Parpoudi S, Kyziridis D, et al. Klatskin tumors and "Klatskin-mimicking lesions": our 22-year experience. Rev Esp Enferm Dig 2019;111(2):121-8. DOI: 10.17235/reed.2018.5749/2018

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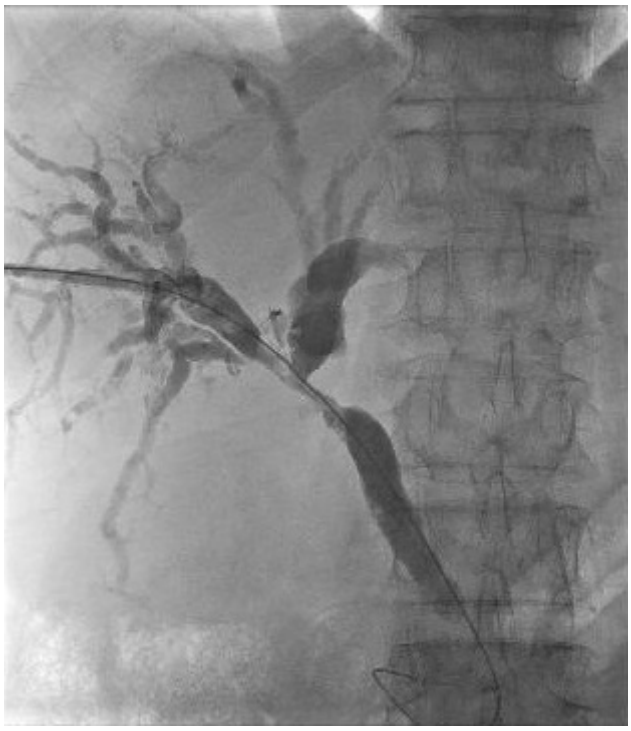

Fig. 1. Placement of an external-internal biliary drain into the right hepatic duct.