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Intrabiliary metastasis of colorectal adenocarcinoma: the SPY perspective

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CASE REPORT

We report the case of a 54-year-old female that underwent a sigmoidectomy for stage IIA adenocarcinoma. After five years of follow-up, abdominal computed tomography (CT) revealed a 3-cm perianastomotic peritoneal lesion and suspected liver metastasis, despite normal colonoscopy and carcinoembryonic antigen (CEA) and CA-19.9 levels. Although the liver biopsy was negative for malignancy, the perianastomotic lesion was confirmed to be a metastasis of colonic adenocarcinoma. After chemotherapy, a mild elevation of alkaline phosphatase and gamma-glutamyl transferase (γ-GT) was evident. Magnetic resonance cholangiopancreatography (MRCP) revealed dilation of intrahepatic bile ducts in segment VIII due to an intraluminal lesion in the right hepatic duct, suggestive of intraductal cholangiocarcinoma. Endoscopic retrograde cholangiopancreatography (ERCP) was performed and cholangiography confirmed a 10 mm filling defect in the right hepatic duct with upstream dilation of intrahepatic ducts. SpyGlass® cholangioscopy revealed a friable soft lesion with a papillary pattern and vascular projections in the right hepatic duct. Biopsies revealed proliferation of tubules and papillae lined by pseudostratified

cylindrical epithelium with loss of maturation and polarity, glandular fusion and cytological atypia. Immunohistochemistry was positive for CK20 and CDX-2, and negative for CK7. Thus, the patient was finally diagnosed with intrahepatic biliary metastasis of the sigmoid colon adenocarcinoma.

DISCUSSION

Differential diagnosis from primary intrahepatic cholangiocarcinoma is difficult and, in most cases, diagnosis is only performed after hepatectomy (1,2).

REFERENCES

1. Kawashima K, Watanabe N, Tawada S, et al. Intrahepatic biliary metastasis of colonic adenocarcinoma: a case report with immunohistochemical analysis. World J Oncol 2017;8(3):86. DOI: 10.14740/wjon1037w

2. Sasaki S, Nomura Y, Fukutomi S, et al. Intrabiliary growth type of metastasis from colon cancer, 12 years after curative colectomy: a case report. BMC Surg 2019;19(1):1-9. DOI: 10.1186/s12893-018-0466-4

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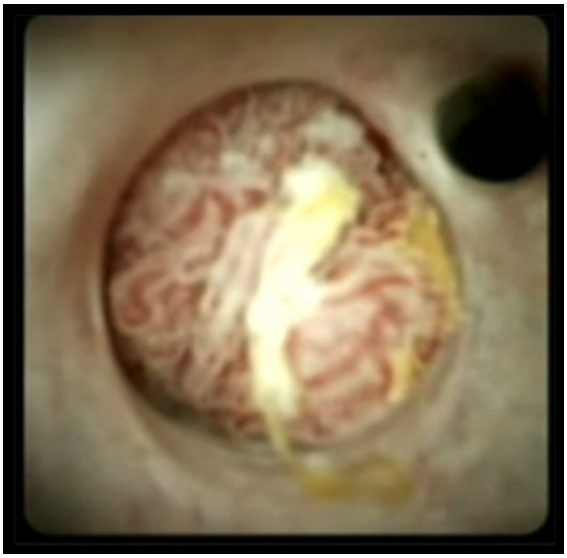

Fig. 1. SpyGlass® cholangioscopy revealing an intraductal mass in the right hepatic duct.

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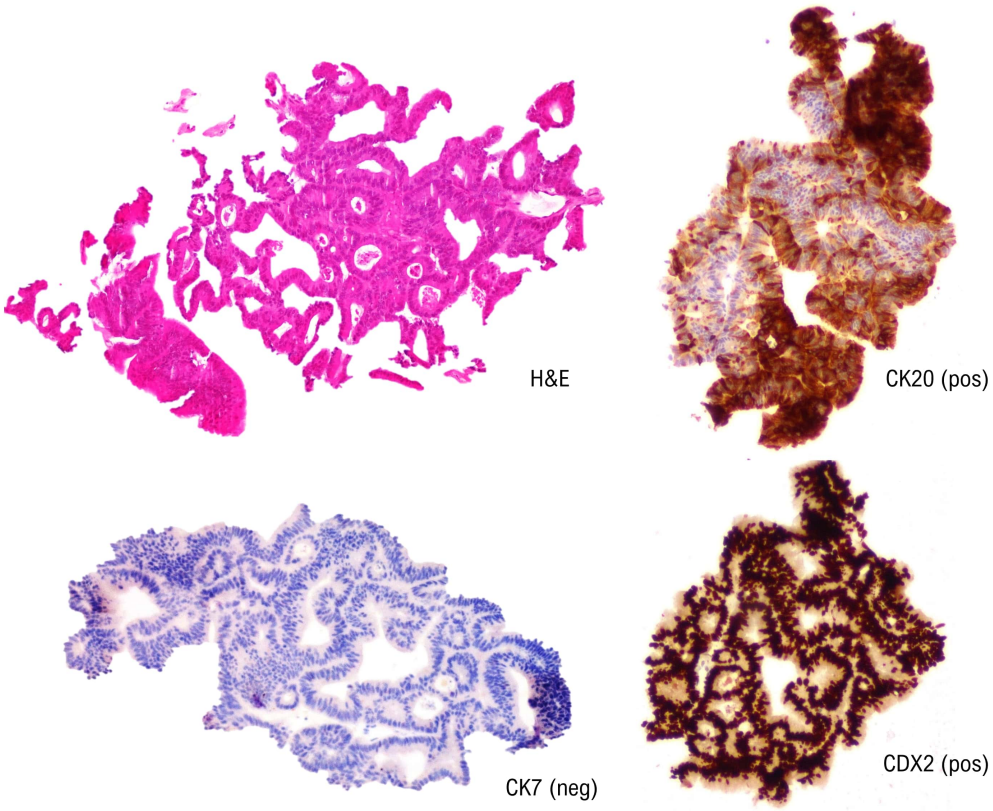

Fig. 2. Immunohistochemistry of biopsies performed using SpyBite™ Max Biopsy Forceps revealed a lesion that was CK7 negative, CK20 and CDX-2 positive.