

## 利用經皮穿肝膽囊引流術治療重病和老年患者的急性膽囊炎

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病患是 81 歲女性，主訴因右上腹疼痛三天，合併高燒及呼吸急速。經一般診所治療後，病情沒有改善。至本院急診求診，在急診時體溫 39.3 度，血壓 125/73，脈搏每分鐘 129 次，呼吸每分鐘 24 次，理學檢查發現右肋下緣有明顯壓痛，Murphy's sign(+)，腹脹但無明顯壓痛。腹部超音波發現膽囊嚴重腫脹及膽囊結石，血液檢查 WBC 12700，CPR：203，Bil (T)：2.5，D-dimer：1014，FDP：14.5，Fibrinogen：550.3，胸部 X 光：肺部鬱血及心臟肥大，當時診斷是急性膽囊炎合併敗血症。因病患的臨床症狀嚴重及年老，緊急手術和全身麻醉的風險過高，所以評估後先採取超音波導引經皮穿肝膽囊引流及加護病房治療。經加護病房住院五天後，病情穩定後轉住普通病房治療五天後出院，並安排 2 週後再次住院接受腹腔鏡膽囊摘除術，病患於術後第二天出院。

討論：

膽囊疾病的發生率有隨年齡的增加而攀升的現象。年老及重症的病患因急性膽囊炎而接受緊急膽囊摘除術也出現高死亡率及罹病率。所以經皮穿肝膽囊引流術在高風險緊急手術和低效率的保守療法之中取得安全和有效的一個平衡點。它只需局部麻醉和超音波，具備方便性、時效性和低風險等優點，還有等病患穩定後，可經導管注入顯影劑作為膽道攝影。確實評估整個膽道的結構和是否並存有膽管結石，對於手術方法的選擇有重大幫助。

結論：

經皮穿肝膽囊引流術是治療重病和老年患急性膽囊炎其中一種可行的療法。不但成功率高，而且極少出現因手術出現的併發症。對於風險高的急性膽囊炎來說是最佳治療方法。



胸部 X 光：肺部鬱血及心臟肥大

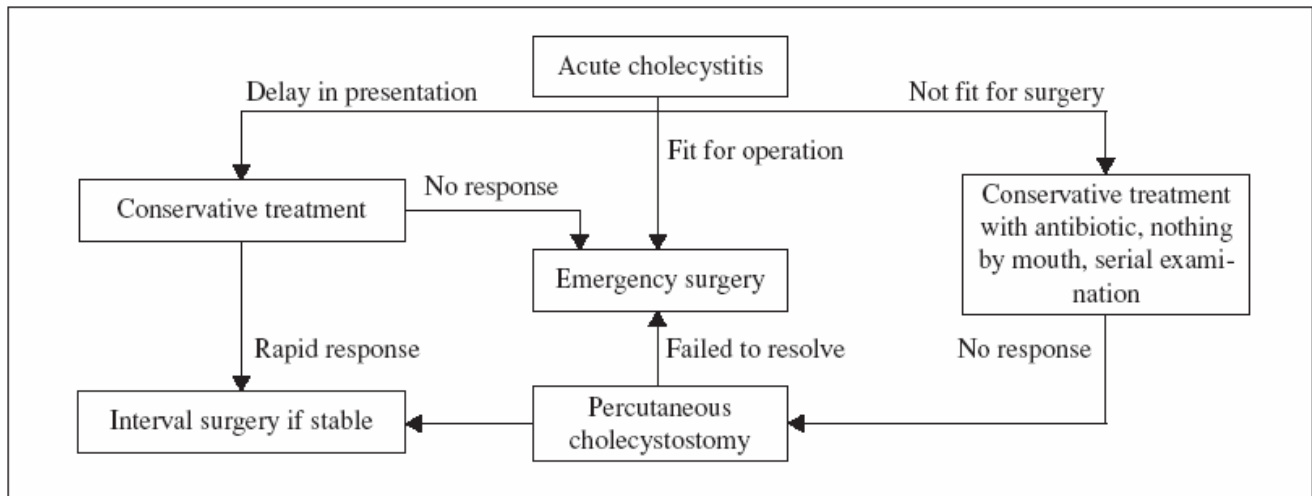


膽道攝影顯示出總膽管無結石存在



腹部超音波發現膽囊嚴重腫脹及膽囊結石

## Percutaneous cholecystostomy for the treatment of acute cholecystitis



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## 類肉瘤肝細胞癌

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70歲女性主訴食慾不振、雙下肢無力及下背痛持續一個月，並且在一個月內體重減輕10Kg。患者本身有第二型糖尿病及高血壓病史超過10年，並有規則服藥。因為上述症狀，患者被送進本院急診室求診。此外患者並無發燒、腹痛等症狀。

入院時的身體檢查，發現在上腹部可觸摸到明顯的腫塊，且神經學檢查發現雙下肢肌力較差(3分/3分)，血液檢查WBC：25800/mL，Hb：10.8 g/dL，CRP：90.9 mg/L，肝腎功能皆正常。HbA1C：5.8%，HBsAg(-)，Anti-HCV(-)，AFP 4.1 ng/mL，CEA：1.0 ng/mL，Ca19-9：41.7 U/mL (<37)。

腹部超音波發現在肝臟左葉有一顆直徑約10.5x10 cm異質性腫瘤，S8也有一顆3cm腫塊，並無肝硬化或脾腫大現象。腹部電腦斷層(Fig. 1)發現肝腫瘤有壞死的現象。脊椎核磁共振(Fig. 2)亦發現在L1、L2、L4有蝕骨性病灶並有脊椎壓迫的現象。肝臟切片之腫瘤細胞呈現類肌肉組織(pleomorphic spindle-shaped)，免疫組織染色low MW-cytokeratin(AE1)，Vimentin呈強烈陽性反應，但high MW-cytokeratin(AE3)、CD31、CD34、S100、FLI-1、smooth muscle actin皆為陰性；癌細胞分化不良，且纖維組織增加。病理診斷為類肉瘤肝細胞癌，影像學診斷懷疑是脊椎骨轉移合併脊椎壓迫。該病患因肝腫瘤壞死合併感染導致敗血症，於住院二個月後死亡。

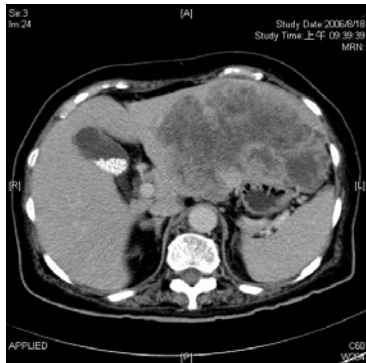


Fig. 1

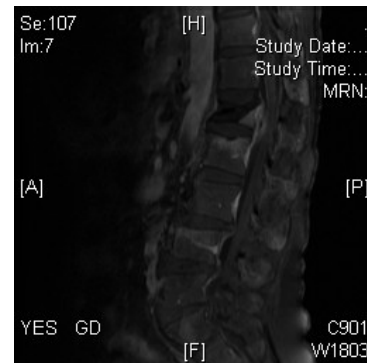


Fig. 2

類肉瘤肝細胞癌約佔原發性肝癌的4%(Ref. 1)，且只佔手術可切除之肝癌的1.8%，許多病例發現時已無法開刀或已遠處轉移。該腫瘤的特色是患者通常不是HBV或HCV帶原者，且AFP通常是正常或略高(Ref. 2)。因為患者通常先前無危險因子，且癌細胞生長快速，肝外轉移之發生率亦較典型肝癌為高，故診斷時通常腫瘤已經很大或有遠處轉移，預後相當差。

在病理診斷方面也有一些特色(Ref. 3)，例如癌細胞呈現多形性紡錘狀，核仁明顯，且分裂數多，有時支配血管相當豐富，會有出血現象。免疫組織染色方面 low molecular monoclonal cytoke- ratin、polyclonal keratin、 $\alpha$ -1-anti-trypsin、vimentin呈陽性反應，其他如 high MW cytoke- ratin、CD31、CD34、CD68、Factor VIII可能呈陰性反應。

### References

1. Cancer. 1987 Jan 15;59(2):310-6 Hepatocellular carcinoma with sarcomatous change. Clinicopathologic and immunohistochemical studies of 14 autopsy cases. Kakizoe S, Kojiro M, Nakashima T. Among 355 autopsy cases of hepatocellular carcinoma (HCC), 14 cases exhibited sarcomatous appearance (incidence, 3.9%). A clinicopathologic study was performed in these 14 cases, and the immunohistochemical localization of keratin (KRT), vimentin (VMT), albumin (ALB), fibrinogen (FBG) and alpha-fetoprotein (AFP) was also examined using the avidin-biotin complex method. Clinically, the HCCs with sarcomatous appearance were characterized by negative or low serum AFP levels and high incidence of extrahepatic metastasis. Grossly they were of infiltrative, mixed expansive and infiltrative, and pedunculated types. Histologically, the tumor consisted mainly of

spindle-shaped cells and partly of multinucleated cells, and showed a sinusoidal growth pattern at the tumor-nontumor boundary. Immunohistochemically, tumor cells in the regions showing sarcomatous appearance were frequently found to be positive to KRT and VMT, whereas the percentage of positivity to ALB, FBG, and AFP were not significantly different from those in ordinary HCC. These results strongly suggest that the lesion showing sarcomatous appearance represents the sarcomatous change of HCC rather than being regarded as the complication of HCC and sarcoma.

PMID: 2433017 [PubMed - indexed for MEDLINE]

2. Korean J Gastroenterol. 2006 Jun;47(6):458-62. [A case of sarcomatoid hepatocellular carcinoma in a young female without risk factor] [Article in Korean]

Nam HS, Kim HK, Ma SU, Yu BH, Jung KM, Gong KT, Lee YJ, Park TI, Hu BW, Park SH, Na JY, Choi JU, Kim HJ, Yu US.

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A previously healthy 22-year-old woman was admitted with a complaint of right upper quadrant abdominal pain for 2 weeks. Her past history was not remarkable. On admission, HBsAg and anti-HCV were negative and alpha-FP was within normal range. Abdominal sonography and CT showed a mass in liver measuring 10 x 11 cm with features of central necrosis and hemorrhage. On 6th hospital day, hemoperitoneum developed suddenly. She underwent emergency laparotomy and trisegmentectomy. Intraoperative finding revealed a hemoperitoneum with a tumor filled with liquefied necrotic tissues. Microscopically, the tumor was mostly composed of pleomorphic spindle cells with abundant anastomosing vascular channels and partly composed of tumor cells with trabecular arrangement. On immunohistochemical staining, tumor cells reacted with cytokeratin and vimentin, while CD34 and hepatocyte staining revealed negative. She died 2 months after the operation. We report a case of rapidly deteriorated primary sarcomatoid hepatocellular carcinoma in a young female without any risk factor. PMID: 16809954 [PubMed - indexed for MEDLINE]

3. Yonsei Med J. 1998 Aug;39(4):390-4. **A case with sarcomatoid hepatocellular carcinoma.**

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Hepatocellular carcinoma (HCC) with sarcomatous features is a rare neoplasm which has been found in only 1.8% of surgically resected HCC and has a higher incidence of metastasis than usual HCC. We recently experienced a case of sarcomatoid HCC removed from a 49-year-old man. A surgically resected liver revealed a well-defined grayish-white solid firm mass showing extensive central necrosis and infiltrative growth margin. Microscopically, the entire tumor was composed of pleomorphic spindle cells with prominent nucleoli and frequent mitosis. It showed a sinusoidal infiltrative growth pattern at the tumor-nontumor boundary. The tumor cells reacted positively with AE3 (high molecular cytokeratin) and Vimentin and reacted negatively with AE1 (low molecular cytokeratin), cytokeratin19, carcinoembryonic antigen, alpha-fetoprotein, Factor VIII, CD31 and CD68. The spindle-shaped tumor cells were considered to originate from hepatocyte rather than from bile duct epithelium or mesenchymal elements.