

Metastatic Cholangiocarcinoma Presenting as Colonic Obstruction

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Introduction

- Cholangiocarcinoma (CCA) is an aggressive malignancy of the biliary epithelium.
- Most patients present with unresectable disease.
- Metastatic spread is typically via the lymphatic system, most commonly found in the lungs, adrenal glands, and brain.
- We present a case of CCA metastases to the colon resulting in obstruction.

Case Report

- A 67-year-old white female with history of poorly differentiated CCA status post left hepatectomy and right hepaticojejunostomy 4 years previously, complicated by an umbilical cutaneous metastasis 1 year previously, presented with intractable nausea, vomiting and abdominal pain with moderate distention.
- CT scan revealed marked retained fecal material with increased pelvic ascites.
- Diagnostic flexible sigmoidoscopy with biopsies of the high-grade sigmoid stricture was histologically revealing for metastatic carcinoma consistent with a cholangiocarcinoma primary.
- She subsequently underwent therapeutic sigmoidoscopy. After traversing the mass, the neonatal scope was exchanged for a therapeutic gastroscope to pass a guidewire across the stricture. After inflating the extractor balloon to 12 mm, the stricture was estimated to be 3.5 cm.
- The balloon catheter was exchanged for a Boston Scientific uncovered 22 mm x 90 mm colonic Wallflex stent.

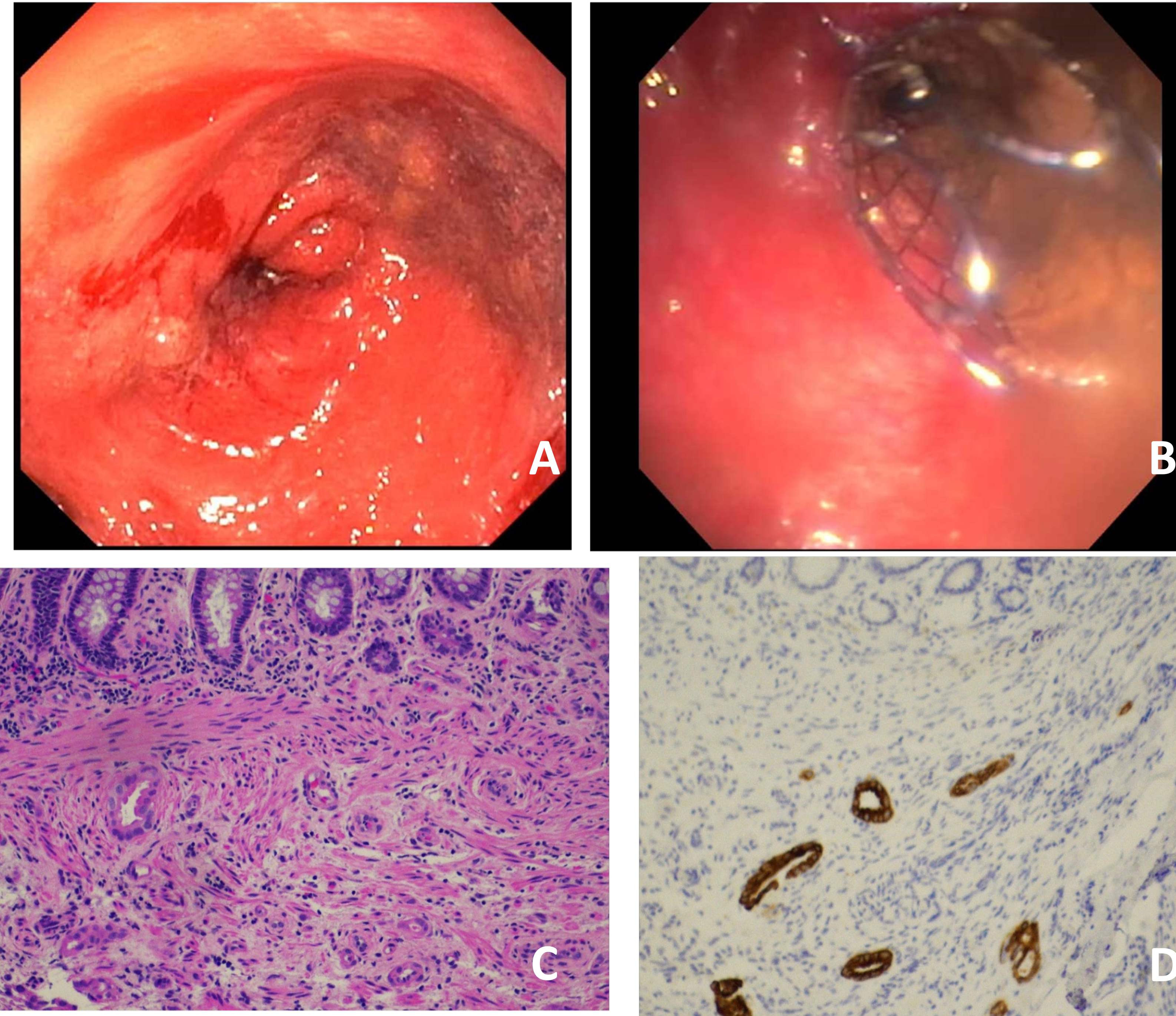


Figure A: Endoscopic view of colonic stricture

Figure B: Endoscopic View of liquid stool draining across an uncovered 22 mm x 90 mm Wallflex colonic stent

Figure C: H&E (200X)

Figure D: CK7 Positive (200X)

Case Report (continued)

- Liquid stool immediately began to drain across the stent decompressing the colon.
- The patient was able to tolerate a diet and regain normal bowel function without complication, until passing away in hospice care 9 months later.

Discussion

- To our knowledge, this is the seventh case of metastatic CCA to the colon reported in the international literature.
- Our patient presented with colonic obstruction, consistent with previous reports of CCA metastases to the colon as submucosal infiltration results in stricture formation.
- In this case, CK7+, CK20- staining suggest a 100% positive predictive value for the diagnosis of metastatic CCA.
- Given the unresectable nature of the disease, palliative colonic stent was used to relieve the pain of colonic obstruction and improve the quality of life.

References

- Vabi BW, Carter J, et al. Metastatic colon cancer from extrahepatic cholangiocarcinoma presenting as painless jaundice: case report and literature review. *J Gastrointest Oncol.* 2016 Apr;7(2):E25-30.
- Rullier A, Le Bail B, et al. Cytokeratin 7 and 20 expression in cholangiocarcinomas varies along the biliary tract but still differs from that in colorectal carcinoma metastasis. *Am J Surg Pathol.* 2000 Jun;24(6):870-6.