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 therapeuticsigmoidoscopy. 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.

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