ABSTRACTS OF SELECTED PAPERS PRESENTED AT THE 33RD ANNUAL MEETING OF THE JAPANESE SOCIETY OF GASTROENTEROLOGY

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Chairman: Kyuichi TANIKAWA, M.D.

Workshop-1

Early detection of biliary cancer and presentation of long-term survivors (longer than 5 years)
Moderators: Jo ARiyAMA and Tadahiro TAKADA

Clinicopathological study of carcinoma of the bile duct survived over 5 years after the resection
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Objectives: Bile duct carcinomas survived over 5 years after the resection were studied. Subjects and Methods: Between 1972 and 1985, 47 bile duct carcinomas were resected. In those patients 6 were survived over 5 years. Four carcinomas were located in the lower bile duct, 1 in middle and 1 in upper bile duct. In these 6 patients symptoms, diagnostic imaging and histology were studied. Results: In 5 patients jaundice was initial symptom. Direct cholangiography demonstrated convex obstruction of the bile duct in 4 and concave obstruction in 2. Angiography showed no abnormality. Histology disclosed depth invasion of carcinoma was limited to fibromuscle layer in 5 and subserosa in 1. Conclusion: 1. Jaundice was the major initial symptom of carcinoma of the bile duct survived longer than 5 years. 2. Cholangiography demonstrated convex obstruction of the bile duct in majority of cases. 3. Angiography showed no abnormality which represented depth invasion of carcinoma limited to fibromuscle layer. 4. Prognosis of bile duct carcinoma depended on depth invasion.

Bile duct cancer without jaundice
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In most cases, the bile duct cancer is diagnosed at the advanced stage after jaundice appears and its prognosis is poor. Early diagnosis at the non-icteric stage is essential for the curative treatment of the bile duct cancer. In this study, the clinical and pathological features of the bile duct cancer without jaundice were analysed. Eleven cases were diagnosed before jaundice appeared, among 73 cases of the bile duct cancer. Eight cases had symptoms including abdominal pain and 3 were asymptomatic. In about half cases, there was increase in blood liver chemistry and tumor marker. All patients had abnormality of the biliary tract in ultrasonography: 5 mass of the bile duct, 3 stenosis of the bile duct, 2 dilatation of the intrahepatic duct, and 1 congenital choledochal cyst. All 5 patients were diagnosed for malignancy by transpapillary biopsy of the bile duct lesion after endoscopic sphincterotomy. In 9 cases which underwent resection, the depth of the lesion was mucosa in 2, adventitia in 1, subserosa in 3, and over-subserosa in 3. The cumulative survival rate at 5 years after resection was 56% in non-jaundiced and 0% in jaundiced cases (P<0.05). The bile duct cancer without jaundice is at the relatively early stage. The result of the treatment of non-icteric cases is better than of icteric cases. Ultrasonography is useful in diagnosis of the bile duct cancer at the non-icteric stage.
Diagnosis of over five years survivors of gallbladder carcinoma
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We reported the diagnostic histories of 20 gallbladder carcinoma patients, who were alive over five years after having an operation. Seven were male and 13 were female; the mean age was 54.6 (32§76). The depth of cancer invasion was represented by the mucosa in nine patients, the proper muscularis in three, the subserosa in seven and the serosa in one. The symptoms were epigastralgia in seven patients, RUQ pain in four, nausea in two and others in three; four patients (20%) reported no symptoms. Gallstones were observed in seven patients (35%) and an anomalous arrangement of the pancreaticobiliary duct in five (25%); 12 of 16 patients with symptoms exhibited gallstones or an anomalous arrangement of the pancreaticobiliary duct. The correct diagnosis rate of various diagnostic images was studied; ultrasonography (US) was 80%, endoscopic ultrasonography (EUS) 78%, endoscopic retrograde cholangiopancreatography (ERCP) 54%, computed tomography (CAT) 67%, angiography 70%, percutaneous transhepatic cholecystography 67%, and percutaneous transhepatic cholecystoscopy (PTCCS) 100%. We had made preoperative diagnoses of gallbladder carcinoma in 16 patients (80%), a gallbladder polyp in one and gallstones in three. To improve the treatment of gallbladder carcinoma, it is important first to detect elevated lesions in the gallbladder and the gallstones with US, as well as an anomalous arrangement of the pancreaticobiliary duct with EUS or ERCP, then to make a precise diagnosis of cancer spread with EUS, CAT, PTCCS etc.

A clinical analysis of long term survivors of bile duct cancer
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We analysed the long term survivors of the bile duct cancer to prove the prognosis factors. We experienced 9 long term survivors last decade consisted of 5 cases in eighteen middle and lower bile duct cancer and 4 cases in 46 hepatic hilar bile duct cancer. Long term survivors in middle and lower bile duct cancer were all pathological stage I and lymph node metastasis were none. The depth of the tumor were under subserosa except for one case. All cases were performed absolute curative operation. On the other hand, two cases of hepatic hilar cancer were stage I and the other two cases were stage IV. In conclusion, the good prognosis factors were the early stage and the curative operation. But the agressive surgical resection often made the long-term survival cases even in the progressed stage.

Clinicopathological study on the long-term survivors with carcinoma of the bile duct
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Among 83 patients who had resection of carcinoma of the bile duct for the past 15 years, 46 underwent radical resection, including curative and relative non-curative resections. These 46 patients with radical resection was divided into two groups: group A included 16 patients with long-term survivors (alive for 5 years or more after resection) and group B included 17 patients who died of carcinoma recurrence less than 5 years after resection. In group A, the depth of carcinoma invasion belonged m in one, fm in six, af in one, ss in four, se in two, and si in two. Cumulative 5-year survival rates were 30.8%, 70.0% and 50.0% for patients with carcinoma of the hepatic duct, middle bile duct and lower bile duct, respectively. Histological classification of the main