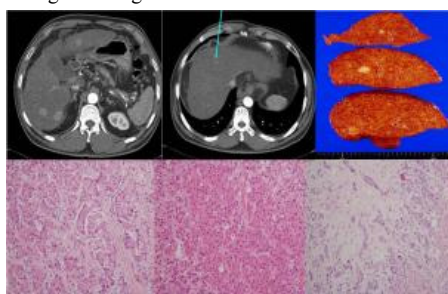


Synchronous hepatocellular carcinoma and cholangiocarcinoma which were incidentally found and successfully treated by liver transplantation

고대안암병원 소화기내과 간센터¹, 고대구로병원 소화기내과 간센터²

*임선영¹, 김지훈²

Synchronous hepatocellular carcinoma (HCC) and cholangiocellular carcinoma (CCC) is type A carcinoma according Allen and Lisa classification which originate from different cell sites but consisting of a uniform cell type (double cancer or separate types). There is only a limited information regarding clinical features, pathologic features, survival outcomes, and prognostic factors due to the rarity of this double primary cancer. Most of the synchronous HCC and CCC patients have underlying liver cirrhosis as a cause of either viral hepatitis B or C and uncommonly alcohol. Synchronous HCC and CCC is difficult to diagnose based on the image studies only and mostly were diagnosed incidentally after resection. We herein report a case of 51-year-old male patient who was referred for the evaluation of the hepatic mass and ascites. The patient was a chronic alcoholic with negative viral marker. Initially multiple HCCs was diagnosed according to the dynamic liver CT and dynamic MRI and the patient was treated with liver transplantation but histopathologic findings revealed synchronous HCC and CCC. To our knowledge, only one brief case report of alcoholic liver cirrhosis with HCC finally diagnosed as synchronous HCC and CCC after liver transplant had been reported. Therefore this is the first case report of synchronous HCC and CCC which were incidentally found and successfully treated by liver transplanation with image studies and histopathologic findings in more detail.



A Case of Dramatic Complete Recovery after Oral Prednisolone Treatment in Dictamnus Dasycarpus-Induced Toxic Hepatitis

Division of Gastroenterology, Department of Internal Medicine, Seoul Paik Hospital,

*Hyung Rae Sohn, Soo Hyung Ryu, Seung Hye Heo, Sun Young Kim, Jin Nam Kim, You Sun Kim, Jeong Seop Moon

Introduction: Dictamnus dasycarpus is one of the most common causes of drug-induced hepatitis in South Korea. Generally, most patients with drug-induced toxic hepatitis can fully recover after cessation of causative agents and supportive care. However, there has been some cases of Dictamnus dasycarpus-induced toxic hepatitis with progression to fulminant hepatitis and even death. We introduce a case of dramatic complete recovery from Dictamnus dasycarpus-induced severe toxic hepatitis after oral prednisolone treatment. **Case:** A 78-year-old woman was admitted with jaundice. She had consumed a decoction made by boiling down the root of Dictamnus dasycarpus, 1L per day for recent 3 months. Besides that, she did not have any medical and drug history. In-hospital laboratory test results are as follows: AST/ALT 1607/996 IU/L, total bilirubin 21.6 mg/dl, direct bilirubin 16.9 mg/dl, protein/albumin 5.8/3.5 g/dl, ALP 164 IU/L, r-GTP 47 IU/L, PT INR 1.03, and aPTT 39.6 seconds. All hepatic viral markers were negative. We diagnosed Dictamnus dasycarpus-induced toxic hepatitis as RUCAM scored 6. Even though interruption of taking Dictamnus dasycarpus for 10 days, total bilirubin increased up to 34 mg/dl. We decided to try oral prednisolone before consideration of liver transplantation. After start of oral prednisolone 40 mg per day, she showed a dramatic improvement in the clinical course and laboratory tests. Continued step-down prednisolone therapy for two months made her liver function test almost normal ; total bilirubin was 2.2 mg/dl and AST/ALT was 27/28 IU/L. **Discussion:** Oral prednisolone treatment may be helpful and recommendable in clinically serious cases of Dictamnus dasycarpus-induced toxic hepatitis which are not respond to cessation of Dictamnus dasycarpus and best supportive care.