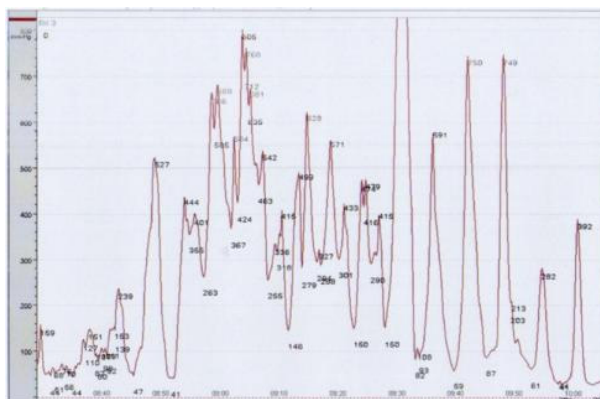


오디 조임근 기능이상을 동반한 간질 감염

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간질증(fascioliasis)은 주로 소나 양 같은 초식 동물의 간담관에 기생하는 흡충인 간질(Fasciola hepatica)에 의한 인수공통 감염증으로 사람은 주로 간질의 피낭유충에 오염된 수생 식물을 먹음으로써 감염된다. 이러한 간질증은 간 농양, 담관염, 담관 폐쇄 등을 유발할 수 있다. 저자들은 원인을 모르는 심와부 통증과 호산구 증가를 동반했던 42세 여자에서 오디 조임근 내압 검사를 통하여 오디 조임근 기능 이상을 진단 및 내시경 조임근 절개술을 시행하였으나 임상적 호전이 없어 혈청 항체를 통해 간질증을 진단하였다. 간질증의 치료 약제인 triclabendazole과 bithionol은 전세계적으로 구하기 힘들고 albendazole과 praziquantel의 효과는 낮은 것으로 보고되고 있는데 본 증례에서는 국내에서 구하기 쉬운 albendazole과 praziquantel을 우선 투여하고 임상적 호전이 없어 nitazoxanide를 투여하고 경과 관찰 중에 있다. 간질증의 치료 약제로 알려져 있지만 국내에서 사용했던 보고가 없는 nitazoxanide를 시도하였고 오디 조임근 기능 이상이 간질증에 의해 일어날 수 있음을 시사하여 본 증례의 의미가 크다고 본다.



One Cases of Common Bile Duct Cancer Arising 9 years After Excision of a Choledochal Cyst, Manifested as Mucinous Cystic Neoplasm.

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증례보고의 목적 및 강조 사항: Choledochal cyst is a rare disease; nonetheless, it has a clinical importance because of high incidence of biliary tract cancer, even in asymptomatic patient. The importance of complete cyst excision is commonly understood to prevent the development of malignancies and other complications. In this case, common bile duct cancer arising from remnant choledochal cyst, 9 years after excision of a choledochal cyst and it manifested as mucinous cystic neoplasm of the pancreas. To our knowledge, this is the first reported case in the English-language literature. **초록본문:** We report a rare case of common bile duct cancer arising from remnant choledochal cyst which was incompletely excised 9 years ago, manifesting mucinous cystic neoplasm of the pancreas, respectively. A 42-years-old woman was admitted to our hospital because of dyspepsia and abdominal discomfort for 1 week. She had undergone operation for choledochal cyst with gall bladder cancer 9 years ago ; radical cholecystectomy including lymph node dissection and liver wedge resection, choledochal cyst excision, Roux-en-Y hepaticojejunostomy, distal pancreatectomy and splenectomy for multinodular hard mass in tail of pancreas. Pathology revealed a polypoid mass in gall bladder with liver infiltration as poorly differentiated adenocarcinoma, and a pancreatic tail mass as chronic pancreatitis. Based on her past medical history, we conducted imaging studies including CT, MRCP, EUS. Imaging showed a newly developed suspected solid nodule in the peripheral portion of cystic lesion in the pancreas head. She underwent a pylorus preserving pancreaticoduodenectomy for the suspected mucinous cystic neoplasm of the pancreas. At surgery, two hard mass were notified in the dilated remnant intrapancreatic choledochal cyst. Pathology revealed common bile duct cancer as poorly differentiated adenocarcinoma. The remnant choledochal cyst had developed to malignancy. Thus, complete excision is a crucial treatment strategy of choledochal cyst.