

Extrahepatic bile duct resection for proximal bile duct cancer in high risk patients.

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Background: Standard operative procedures in the treatment of proximal bile duct cancer are bile duct resection plus hepatectomy. Bile duct resection alone is indicated only when the tumor is a localized type without invasion and spreading. It is also an option for high risk patients.

Objective: The purpose of this report was to study the surgical treatment effect and outcome of proximal bile duct cancer in high risk patients.

Methods: Retrospective analysis was conducted for 3 patients who were treated with bile duct resection alone for bile duct cancer.

Results: This procedure was performed on 3 patients aged over 70 years with Bismuth type I bile duct cancer. A tumor-free bile duct resection margin and negative regional lymph nodes were obtained in all 3 patients. No complication occurred. Two patients are doing well without recurrence at 20 and 8 months respectively. One is alive at 16 months with lymph node metastasis.

Conclusion: Extrahepatic bile duct resection can be an alternative radical treatment for proximal bile duct cancer in selected patients.