# New Trends in Treatment of Hilar Cholangiocarcionma.

Essay . For partial fulfi

Submitted for partial fulfillment for the Master Degree in **General Surgery** 

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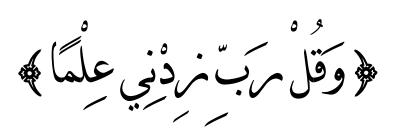
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## بسُم اللَّه الرَّحيم



صدق الله العظيم

**{سورة طه: الآية 114**}

#### **ACKNOWLEDGMENT**

After giving all thanks to Allah, The most kind and most merciful, who helped me to achieve this work,

I am greatly honored to express my greatest gratitude & thanks to **Prof. Dr. Mohamed Fathy Abdel Ghaffar,** Professor of General surgery, Faculty of Medicine, Ain-Shams University for undertaking the main supervision of this thesis, his precious advice, gentle guidance & kind support throughout the entire work, which were of unlimited value.

Also, I'm very grateful to Dr. Mostafa Abdo Mohamed, Lecturer of general surgery, Faculty of medicine, Ain-Shams University for his great support and valuable guidance during this study.

Special thanks, admiration & respect to my family, all my teachers, all my colleagues and anyone for their kind help, guidance & support and i wish Allah to reward them.

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### **List of Abbreviations**

ALT	Alanine aminotransferase
AST	Aspartate aminotransferase
BilIN	Biliary intraepithelial neoplasia
CA	
CBD	
CEA	Carcinoembryonic antigen
CT	Computerized tomography
	Digital image analysis
	External beam irradiation therapy
	indoscopic retrograde cholangiopancreatography
	European Society of Medical Oncology
	Endoscopic ultrasound
	Fluorescence in situ hybridization
	Hepatitis B virus
	Hepatitis C virus
	Hilar cholangiocarcinoma
	Intraductal ultrasound
	Intensity modulated radiation therapy
	Middle hepatic artery
	. Magnetic resonance cholangiopancreatography
	National Comprehensive Cancer Network
	Orthotopic liver transplantation
PDT	Photodynamic therapy
PET	Positron emission tomography
PSC	Primary sclerosing cholangitis
PVA	Portal vein arterialization
PVE	portal vein embolization
PVR	portal vein resection
RT	Radiation therapy
R0Radical r	resection with a microscopically negative margin
SMA	Superior mesenteric artery
THC	Transhepatic cholangiography
UP	umbilical portion
US	ultrasound

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#### Introduction

Cholangiocarcinomas arise from the epithelial cells of the intrahepatic and extrahepatic bile ducts. Although these cancers are rare, they are highly lethal because most are locally advanced at presentation. Cholangiocarcinoma has been used to refer to bile duct cancers arising in the intrahepatic, perihilar, or distal (extrahepatic) biliary tree, exclusive of the gallbladder or ampulla of Vater. (De Groen et al, 1999)

Cholangiocarcinomas have an extremely poor prognosis, with an average five-year survival rate of 5 to 10 percent. Surgery provides the only possibility for a cure. Distal cholangiocarcinomas have the highest resectability rates while proximal (both intrahepatic and perihilar) tumors have the lowest. In one large series, the resectability rates for distal, intrahepatic, and perihilar lesions were 91, 60, and 56 percent, respectively. (Nakeeb et al, 1996)

Substantial progress has been made in curative resection for perihilar cholangiocarcinomas. In selected series, five-year survival rates are between 20 and 50 percent, with the best results reported from Japan. (Hidalgo et al, 2008).

Cholangiocarcinomas usually become symptomatic when the tumor obstructs the biliary drainage system, causing painless jaundice. Common symptoms include pruritus (66 percent), abdominal pain (30 to 50 percent), and weight loss (30 to 50 percent), and fever (up to 20 percent). The pain is generally described as a constant dull ache in the right upper quadrant. Cholangitis is an unusual presentation. (Nakeeb et al, 1996).