

Hepatobiliary Cancer

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Clinical Characteristics of Intrahepatic Biliary Cystic Tumors: Comparison with Intrahepatic Cystic Lesions

Jeong Kyun Seo¹, Su Hyun Kim¹, Sang Hyub Lee^{1,2}, Joo Kyung Park¹, Sang Myung Woo³, Ji Bong Jeong⁴, Jin-Hyeok Hwang^{1,2}, Ji Kon Ryu¹, Jin-Wook Kim^{1,2}, Sook-Hyang Jeong^{1,2}, Yong-Tae Kim¹, Yong Bum Yoon¹, Kuhn Uk Lee⁵, Se Hyung Kim⁶, and Min A Kim⁷

¹Department of Internal Medicine, Seoul National University College of Medicine, Seoul;

²Department of Internal Medicine, Seoul National University Bundang Hospital,

Seongnam, Gyeonggi-do; ³Department of Hepatobiliary Cancer, National Cancer Center,

Ilsan, Gyeonggi-do; ⁴Department of Internal Medicine, Seoul National University

Boramae Hospital, Seoul; ⁵Department of Surgery, ⁶Department of Radiology, and

⁷Department of Pathology, Seoul National University College of Medicine, Seoul, Korea

Objectives: Biliary cystadenoma (BCA) and biliary cystadenocarcinoma (BCACa) are rare cystic tumors of the liver. The aims of this study were to investigate 1) the comparative clinical characteristics of biliary cystic tumors (BCT) and cystadenoma-mimicking simple cysts, and 2) the predictive features for malignancy.

Methods: We retrospectively reviewed the preoperative diagnosis, and clinical and radiologic characteristics of 19 BCTs and 19 cystadenoma-mimicking simple cysts. All cases were pathologically confirmed at three hospitals from March 1998 to September 2007. Simple cysts that were diagnosed preoperatively were excluded. The median follow-up period was 51 months (range, 7-121 months).

Results: The characteristics seen in patients with BCT compared with simple cyst were as follows: The presence of symptoms, left-lobe location, and some radiologic features (internal septation, thick cyst wall, and mural nodule) were associated with BCT on univariate analysis. On multivariate analysis, mural nodule (odds ratio: 44.5; confidence

interval: 2.27-7927.7, $P = .01$) was significantly associated with BCT.

Among the 19 BCTs, there were 13 BCAs and 6 BCACAs. Preoperative diagnostic accuracy of BCT was 68.4%. Five (83%) of six BCACAs presented mural nodules ($P = .0002$). All BCACa (100%) exhibited intrahepatic cyst hemorrhage ($P = .007$). The intraoperative ultrasound-guided fine needle aspiration cytology and the cystic fluid analysis of CEA and CA 19-9 were not useful in accurate diagnosis or in predicting malignancy. All patients had complete surgical excision. One patient with BCACa died of peritoneal metastasis 10 months after left lobectomy.

Conclusions: Mural nodule of the intrahepatic cyst seems to be most suggestive of BCT. It is clinically difficult to distinguish BCA from BCACa. However, intracystic hemorrhage and mural nodule may be predictive for malignancy of BCT. The prognosis of patients with BCT after surgical resection is excellent.