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### Key Words

Cholangiocarcinoma, hilar type  
Obstructive jaundice  
Autopsy

### ABSTRACT

Malignant tumors of the extrahepatic and intrahepatic bile ducts are less common than those of hepatocytes in Taiwan. A natural course of hilar-type cholangiocarcinoma is reported. A 76-year-old female presented progressive obstructive jaundice with general malaise, poor appetite, yellowish discoloration of skin, nausea, vomiting, tea-colored urine, clay-colored stool, unexperienced abdominal pain, itching, and body weight loss. The endoscopic retrograde cholangiopancreatogram revealed a space-occupying lesion at the hilar region of the liver. Both direct invasion and distant metastases were noted. Because of the inoperable condition, she received biliary stent insertion and radiotherapy. The patient ran a dismal course. An autopsy was performed. The cause of death was thought to be disseminated metastasis of the cholangiocarcinoma and multiple organ failure superimposed on sepsis.

### PRESENTATION OF CASE

A 76-year-old female presenting obstructive jaundice was admitted to our medical ward in July 1997. Her past history was traced to 1989, when she was a victim of rectosigmoid colon tumor with clinical presentations of bloody stool passage and tenesmus for 5 years. Then anterior resection, cholecystectomy, and cystectomy for left paraovarian cyst were done on 26 May 1989. The pathologic examination revealed a villous adenoma with malignant change of the rectosigmoid colon and chronic cholecystitis with cholelithiasis of the gallbladder. The postoperative condition

was rather smooth until November 1992, when she was admitted again for an episode of acute pancreatitis manifested by epigastric cramping pain and vomiting (amylase: 986 U/l). Hypertension was noted from 1997 with regular medical control. Cardiac sonography on 17 April 1997 revealed left atrium dilatation, left ventricle hypertrophy, mild to moderate aortic regurgitation, and mild mitral regurgitation.

Intrahepatic duct dilatation was noticed from January 1997 by abdominal sonography. In July 1997, she began to suffer from general malaise, poor appetite, yellowish discoloration of skin, nausea, vomiting, tea-colored urine, clay-colored stool, unexperienced ab-

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