P3–098 BTR MAY BE USEFUL MARKERS FOR AGGRESSIVE THERAPY FOR PRIMARY HEPATIC NEUROENDOCRINE CASE WITH JAUNDICE

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Background: As the jaundice that occurs as a complication of malignant tumors, there is jaundice by liver failure due to progression of neoplastic lesions or with obstructive jaundice caused by obstruction of the bile ducts. However, differentiation of the cause of which is sometimes difficult. The branched-chain amino acids (BCAA)/aromatic amino acids (AAA) ratio reflects a level of hepatic functional reserve. We herein report the primary hepatic neuroendocrine case with jaundice.

Case: A 64-year old man was conscious of fullness in the abdomen and jaundice. For detecting hepatomegaly midline abdominal palpation showed liver dysfunction in blood tests, a hospital for the purpose medical treatment scrutiny was introduced. Abdominal ultrasonography showed multiple liver tumors. We suspected metastatic liver cancer in point of Bull’s eye. Abdominal computed tomography (CT), there is hepatomegaly as well as echo, internal was observed innumerable masses of low absorption edge is the contrast in both lobes, the expansion of the intrahepatic bile duct is not recognized, the cause of jaundice is obstructive were considered neoplastic instead. Neoplastic lesions are not authorized by upper gastrointestinal endoscopy, since it could not be pointed out, is considered the primary lesion in the colon was considered to be of primary hepatic tumor. After admission, biopsy liver tumors, chromogranin, synaptophysin, NCAM was positive, Ki-67 proliferative activity is high, and was diagnosed as endocrine cell carcinoma of high-grade dysplasia.BTR value is maintained normal values, we were planning to the treatment. We performed DSM-TACE with CPT-11, VP-16, octreotide in accordance with small cell carcinoma on informed consent. Tumor can shrink in the liver of the right lobe, improvement of jaundice is also observed in the blood test findings, therapeutic effect was obtained at CT. Although we were planning to continue the treatment, in a state of depression after repeated DSM-TACE, performance status to continue next treatment has become difficult from 3 to 4. Active treatment could not be performed.

Conclusion: It is conceivable that the basis of one of the BTR when the value is to start treatment for liver tumor lesions accompanied by jaundice. Further cases require the accumulation.