

2×2 cm 크기의 궤양출혈로 내원하여 진단적 점막절제술로 완전 절제된 조기 위암

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소화성 궤양은 임상에서 흔하게 접하는 질환 중 하나로, 추후에 위암으로 판정될 수 있으므로, 소화성궤양 진단에서 위암이 배제되기 전까지는 내시경적 추적 검사가 권장된다. 조기위암은 양성 궤양처럼 내시경적 소견에 있어 궤양 발생, 궤양 치유, 궤양의 재발을 되풀이할 수 있다고 알려져 있으며, 이런 현상을 조기 위암의 생활사(malignant cycle)라고 한다. 또한 프로톤 펌프 억제제 투여는 조기 위암의 내시경적 소견의 호전을 가져올 수 있다. 본 증례는 토혈을 하여 내원하여 위 체부 상부 후벽에 2×2 cm 크기의 비교적 깊은 궤양출혈로 판명된 45세 남자 환자에서, 2개월 간 프로톤펌프억제제를 투여하였고 내시경적 소견이 활동성 궤양(EGD III)에서 궤양만흔 상태(EGC IIc)로 호전된 상태로 11개월째 진단적 점막절제술을 시행하여 조기 위암의 완전절제를 보인 한 예를 경험하였기에 문헌고찰과 함께 보고한다.



Primary Non-ampullary Duodenal Adenocarcinoma; A Single-Center Experience Over a Decade

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Background/Aims: Primary non-ampullary duodenal adenocarcinomas comprise **Methods:** The author reviewed retrospectively the medical records of the patients with primary non-ampullary duodenal adenocarcinoma managed at Gyeongsang National University Hospital from January 2000 to December 2014. The demographic, clinical, endoscopic, and pathological variables were investigated, and survival with its related factors was analyzed. **Results:** A total of 27 patients with primary non-ampullary duodenal adenocarcinoma were managed during this period. The patients' median age was 64±13 years and 16 patients (59.3%) were male. The main presenting symptoms were abdominal pain (48.1%). All patients except 2 (92.6%) were initially diagnosed by upper endoscopy and biopsy. The tumor location was the 1st or 2nd portion in the great majority of patients (25/27, 92.6%). The most patients (23/27, 85.2%) had advanced diseases (stage III or IV). Thirteen patients (48.1%) had distant metastasis at the time of diagnosis. The median survival time was 12 months (1-93). One year and 3-year survival rates were 48.1% and 33.3%. Total bilirubin ≥2 mg/dL ($p=0.003$), CEA ≥5 ng/mL ($p<0.001$), M1 stage ($p<0.001$), and non-II Borrmann type ($p=0.023$) were poor prognostic factors on univariate analyses. Total bilirubin ≥2 mg/dL and distant metastasis at the time of diagnosis were the independent poor prognostic factors for survival on multivariate analysis (OR 85.28, 95% CI 3.76-1938.79, $p=0.005$; OR, 26.74, 95% CI 3.13-228.14, $p=0.003$, respectively). **Conclusions:** The majority of the patients were diagnosed at the advanced stage which was the independent prognostic factor, together with elevated total bilirubin. These suggest that early diagnosis by thorough endoscopic examination beyond the bulb would be required for improving prognosis of primary non-ampullary duodenal adenocarcinoma.