**中文摘要**

壺腹癌是一不常見的癌症。壺腹癌最常見之症狀表現為黃膽，約佔壺腹癌病人的百分之七十。其他常見的症狀為腹痛、體重減輕。只有三到五個百分點的壺腹癌病人以急性胰臟炎來表現。壺腹癌病人中三分之一會有貧血的表現。

在此我們報告一個壺腹癌病人，罕見地以嚴重貧血及急性胰臟炎為表現，而未以黃膽表現。腹部電腦斷層及腹部超音波發現肝內膽管、總膽管、及胰管擴張。內視鏡逆行性膽胰管攝影時發現壺腹腫瘤，內視鏡生檢切片證實為壺腹腺癌。病人接受惠浦氏手術(Whipple's resection)及術後放射及化學治療。病人在術後十個月因癌症復發及轉移而死亡。

***關鍵字***: 壺腹癌、黃膽、胰臟炎

## INTRODUCTION

Adenocarcinoma of the ampulla of Vater is an uncommon malignancy. The prognosis of such illness is better than that of adenocarcinoma originated from adjacent organs such as the duodenum or bile ducts. Early diagnosis is crucial yet requires scrutiny. Among the symptoms associated with the cancer, jaundice is the most common one, found in nearly 70% of patients. Other common symptoms including abdominal pain and weight loss are not specific. One-third of patients come with anemia due to a chronic loss of blood. Acute pancreatitis, however, is a rare presenting symptom in only 3-5 % patients with ampullary cancer. We report a case with adenocarcinoma of the ampulla of Vater associated with initial presentation of iron-deficiency anemia and acute pancreatitis but not jaundice.

## CASE REPORT

A 53-year-old female presented with acute abdominal pain for one day. The abdominal pain was sharp, band-like and was accompanied by nausea, vomiting without melena, hematochezia, or tea-colored urine. She had been previously healthy until a recent presentation of dizziness and progressive dyspnea for two months. Her family was absent of malignancy tendency, and she had no habit of smoking or consuming alcohol.

Physical examination revealed tenderness over the epigastric region. At admission, laboratory data showed hemoglobin 4.3 mg/dl, hematocrit 14.3%, MCV 57.7 fL, ferritin 1.73 ng/mL, WBC 7300/mm$^3$, total bilirubin 1.0 mg/dl, amylase 2050 U/L, lipase 1758 U/L, and a normal liver biochemical profile. Acute pancreatitis and iron-deficiency anemia was diagnosed. Both abdominal ultrasonography and computed tomography found the common bile duct, intra-hepatic duct, and pancreatic duct markedly dilated (Figure 1A, 1B). There was no evidence of choledocholithiasis in either study. An endoscopic retrograde cholangiopancreatogram (ERCP) revealed dilatation of the pancreatic duct and an ampullary tumor (Figure 2). A biopsy specimen from the tumor disclosed malignant cells of adenocarcinoma. Serum tumor marker survey showed: CEA 1.09 ng/ml, CA-199 140.37 U/ml (reference range:< 30.00 U/ml). Finally, the patient received a pancreaticoduodenectomy (Whipple resection) and cholecystectomy without preservation of her pylorus(Figure 3).

The pathological exam revealed moderately differentiated adenocarcinoma, with invasion of the duodenum, pancreas head, the orifice of the common bile duct, the wall of the pancreatic duct, and the duo-

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