Case Report
Volume 15:5, 2023

Journal of Cancer Science & Therapy

ISSN: 1948-5956 Open Access

Case Report on Klatskin Tumour

Aditi Raju Chavhan* and Ruchira Ankar Mam

Department of Medical Surgical Nursing, University of Deemed University, Datta Meghe Institute of Medical Science, Radhikabai Meghe Memorial College of Nursing, Sawangi (Meghe), Wardha, Maharashtra, India

Abstract

A Klatskin tumour, also known as a hilar cholangiocarcinoma, is a type of biliary tree cancer that develops where the proper and left hepatic bile ducts meet. Gerald Klatskin, who described 15 cases of cholangiocarcinoma and listed a few features for it in 1965, is credited with giving the condition its name. Klatskin tumour is the most common cancer that bureaucracy has inside the place in which the left and proper hepatic ducts join simply outside the liver, and paperwork the not unusual place hepatic duct.

Keywords: Klatskin tumour • Cholangiocarcinoma • Hepatomegaly • Neoplastic lesions

Introduction

A biliary tree cancer called a Klatskin tumour or (hilar cholangiocarcinoma) is seen where the appropriate left and right hepatic bile channels converge. This condition is named in honour of Gerald Klatskin, who recorded 15 instances and discovered several characteristics of this kind of cholangiocarcinoma in 1965. It combines just outside the liver, where the Klatskin tumour develops [1,2]. The most prevalent subtype, representing over 50% of all cholangiocarcinomas, is the perihilar form (Klatskin tumour). It begins above the confluence of the cystic duct with the secondary branches of the right and left bile ducts and is linked to chronic bile duct inflammation [3]. Adenocarcinoma, which develops in the proximal, middle, and distal (third) portions of extrahepatic ducts, is the term for cancer of the bile ducts outside the liver. Novel classifications separate perihilar and hilar cholangiocarcinomas from those of the mid-vicinity and the distal portion of the not-unusual bile duct due to the artificial morphological division of the bile duct into thirds [4]. The number of second-order bile ducts is used to characterise the factor that distinguishes intrahepatic tumours from extrahepatic tumours when defining perihilar tumours. The increase in fashion trends and associated scientific outcomes differ depending on the anatomical region. —perihilar tumour with concentrically stenotic lesions that is bureaucratic (Klatskin tumour) [5]. While distal tumours more often exhibit an exophytic development pattern, tumours in the mid-vicinity more frequently manifest as tubular lesions with thickening of the duct wall. The tumours are adenocarcinomas of the cholangiocyte lineage, commonly accompanied by an abundance of stroma, according to histology (desmoplasia). The tumours exhibit a considerable propensity for invasion of the perineural and intraneural spaces, as well as lymphatic dispersion and bile duct extension [6].

Case Presentation

A 55-year-old male patient from Wardha was admitted to the male oral surgery ward, S.G.M., on July 12, 2022, with a known case of Klatskin tumour. He weighs 63 kg, and his height is 162 CM. The male patient was brought to S.G.M. His family presents him with a complaint of abdominal pain, fever, loose motion, yellowish discoloration of the skin, weight loss, and generalised weakness, and he is admitted to the male oral surgery ward. On admission, the patient was frail and immobile. Although the patient's checkup from head to toe did not reveal many anomalies, he had a dull look and was not so cooperative. Though it is found from ultrasound that the patient has mild hepatomegaly with possibilities of a neoplastic lesion involving the biliary hilum and chd causing obstructive dilation of the Cholangiocarcinoma type 2 lesion, On ultrasound, it was found that there was mild enlargement of the liver with hypoechoic focal lesions at the biliary hilum (Figure 1).

Nursing implication

Based on the evidence, nurses should follow:

Review the warning signs and symptoms of all probable toxins as well as the conditions under which a patient should contact the medical staff.

Recognize any differences based on dosage and combinations of agents as opposed to single agents in the ICI delivery schedule.

Assist patients and their families in establishing expectations for possible reactions to therapy and treatment.

Recommend effective birth control to patients who are of reproductive age for the duration of the immunotherapy and for at least five months following the first dosage.

Patients should be advised to have a card in their wallet with the contact details of their care team and the sort of immunotherapy they are receiving.

Inform patients about the use of corticosteroids and any further measures that can be taken to lessen any potential side effects.

A patient's survivorship care plan and latent effects should be explained to them.

Nurses are in charge of patient evaluation and need to be aware of the mechanism of action, side effects, current signs and symptoms, assessment criteria, and management of ICIs. Nurses can monitor, track, document, assess, and offer safe care thanks to education and access to the tools and algorithms.

Results and Discussion

On July 12, 2022, a 55-year-old male patient from Wardha is brought to the male oral surgery unit at S.G.M. His main complaints included abdominal pain, fever, loose stools, skin discoloration, weight loss, and generalised weakness. His instance of a Klatskin tumour is well recognised. Investigations were conducted as he was admitted to the hospital, and proper care was initiated. He has made significant progress since starting treatment, and it is still ongoing as of my last date of consideration. The Klatskin tumour is a type 2 malignant lesion in the CHD region that affects the right and left joints of intrahepatic radicals and is around 23*18*14 mm. A specific variety of cholangiocarcinoma known as a

***Address for Correspondence:** Aditi Raju Chavhan, Department of Medical Surgical Nursing, University of Deemed University, Datta Meghe Institute of Medical Science, Radhikabai Meghe Memorial College of Nursing, Sawangi (Meghe), Wardha, Maharashtra, India, Tel: +07620840991; E-mail: chavhanaditi18@gmail.com*

Received: 06 September, 2023, Manuscript No. jcst-23-112889; **Editor assigned:** 08 September, 2023, PreQC No. P-112889; **Reviewed:** 20 September, 2023, QC No. Q-112889; **Revised:** 25 September, 2023, Manuscript No. R-112889; **Published:** 02 October, 2023, DOI: 10.37421/1948-5956.2023.15.596

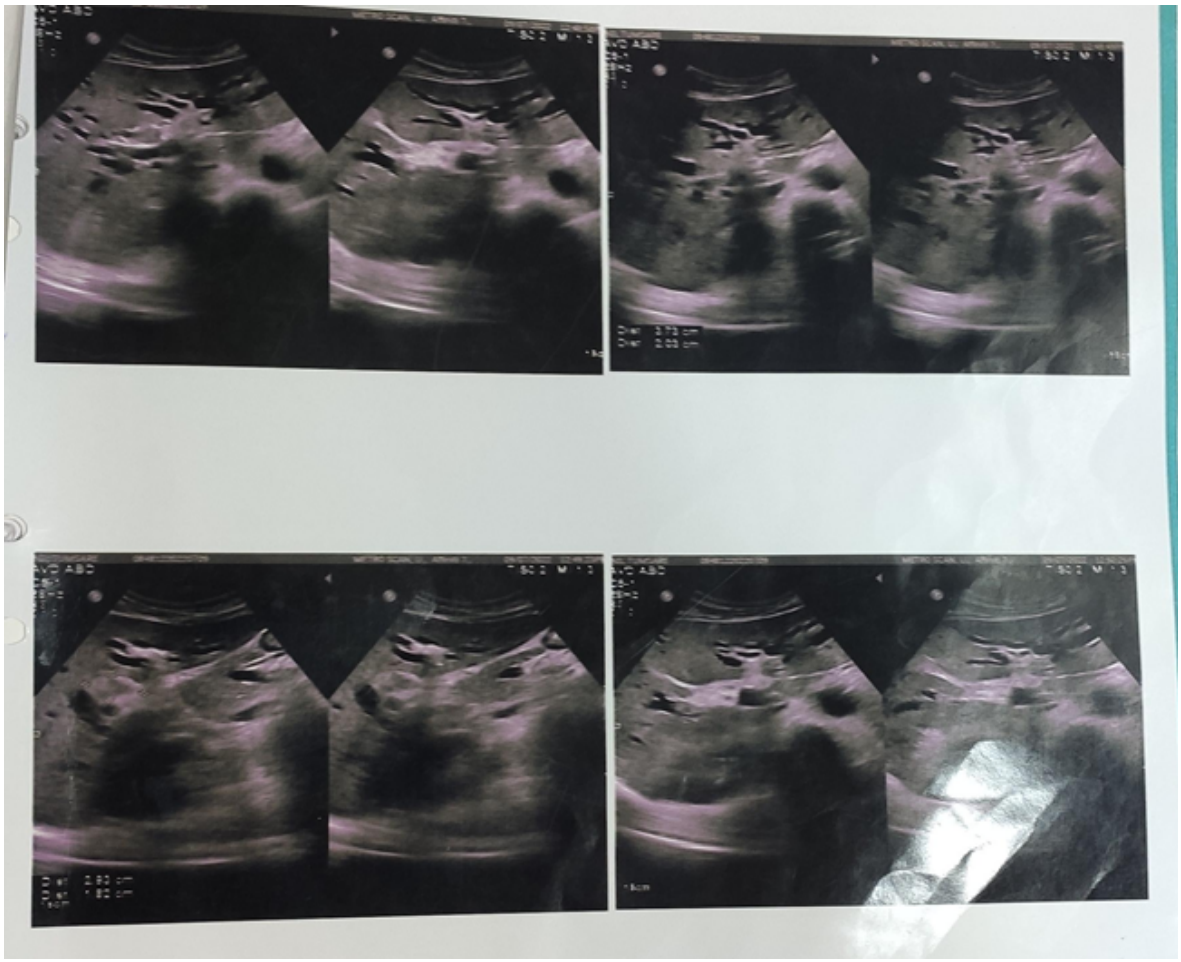

Figure 1. Ultrasonography image.

klatskin tumour starts in the hilum, which is where the liver's left and right bile ducts converge and separate. With more than half of all cases being this kind, it is the most prevalent cholangiocarcinoma. Abdominal pain, accidental weight loss, and a general feeling of being sick (malaise) are other symptoms. It is uncertain what causes Klatskin tumours. According to studies, a person's risk of developing cholangiocarcinoma may be influenced by a variety of genetic, environmental, and lifestyle variables.

Additional information

Klatskin's tumour was the source of my diagnosis, and he frequently underwent therapy in a hospital. Due to the patient's delayed onset of complications, it was deemed successful. Cholangiocarcinoma does not yet have a known cause. On the other hand, a variety of clinical diseases that cause short-term or long-term biliary tract epithelium damage may enhance the likelihood of malignant transformation. Up to 40% of those who develop primary sclerosing cholangitis, an idiopathic inflammatory disease of the biliary tree, go on to develop cholangiocarcinoma [7].

Conclusion

The patient is admitted to the oral surgical procedure ward, S.G.M., with a recognised case of Klatskin tumour, and he complained of fever and gastrointestinal discomfort. His situation improved once he received the proper treatment. The male patient is admitted to S.G.M. Hospital with the chief complaint of severe pain in the abdomen with loose motion and vomiting. He has undergone various investigations, like U.S.G. and X-ray abdomen. Finally, he has been diagnosed with Klatskin tumour type 2 Cholangiocarcinoma.

Acknowledgement

None.

Conflict of Interest

None.

References

1. Chamberlain, Ronald S. and Leslie H. Blumgart. "Hilar cholangiocarcinoma: A review and commentary." *Ann Surgical Oncol* 7 (2000): 55-66.
2. Holzheimer, René G. and John A. Mannick. "Surgical treatment: Evidence-based and problem-oriented." *Surg Treatment* (2001).
3. Suarez-Munoz, Miguel Angel, Jose Luis Fernandez-Aguilar, Belinda Sanchez-Perez and Jose Antonio Perez-Daga, et al. "Risk factors and classifications of hilar cholangiocarcinoma." *World J Gastrointest Oncol* 5 (2013): 132.
4. Nakeeb, Attila, Henry A. Pitt, Taylor A. Sohn and J. Coleman, et al. "Cholangiocarcinoma. A spectrum of intrahepatic, perihilar and distal tumors." *Ann Surgery* 224 (1996): 463.
5. Nakanuma, Yasuni, Yasunori Sato, Kenichi Harada and Motoko Sasaki, et al. "Pathological classification of intrahepatic cholangiocarcinoma based on a new concept." *World J Hepatol* 2 (2010): 419.
6. Arthur, Zimmermann. "Hilar/Perihilar Cholangiocarcinoma(KlatskinTumor)" *Springer Link* (2023).
7. Keith, D Lillemoe. "Surgical treatment: Evidence-based and problem-oriented." *NCBI* (2023).

How to cite this article: Chavhan, Aditi Raju and Ruchira Ankar Mam. "Case Report on Klatskin Tumour." *J Cancer Sci Ther* 15 (2023): 596.