中文題目：切肝及放射治療術後發生十二指腸-小腸瘻管之病例報告
英文題目：Duodenojejunal fistula formation after hepatectomy and radiotherapy: A Case Report
作　　者：王英謙[1]，顏旭亨[2]，陳洋源[2]，施凱倫[2]
服務單位：[1]彰化基督教醫院內科部，[2]彰化基督教醫院肝膽腸胃科

Introduction: Intestinal fistulas are rare, and very few have been reported to scholarly publications. Among these, however, most discuss cutaneous fistulas connecting the skin with the gastrointestinal tract, usually formed around surgical drains, but there are no extant case reports on duodenojejunal fistulas.

Case presentation: Our patient is a 73-year-old man who underwent left hepatectomy and cholecystectomy due to hepatocellular carcinoma with liver cirrhosis in 2012. Because of bile duct involvement and difficulty achieving full surgical margin during resection, he received adjuvant radiotherapy of 5400cGy in 30 fractions.

The patient remained in stable condition until six months ago, when he presented with epigastric pain and occult gastrointestinal (GI) bleeding. Initial serial upper endoscopy, colonoscopy, and computed tomography (CT) found no overt source of hemorrhage, and symptoms persisted despite pharmacological treatment. The patient was therefore admitted to our hospital for further examination. He underwent another upper endoscopy, which revealed a deep ulcer that appeared to connect with the small intestines. Follow-up CT confirmed the presence of a duodenojejunal fistula encapsulated by intestinal adhesions. Surgery was considered but evaluated as too high-risk for the patient. Conservative treatment was eventually selected, and the patient had a duodenal tube inserted. He was discharged with no complications; there has been no relapse of hemorrhage or pain at follow-up outpatient visits to date.

Discussion: According to the latest articles we were able to find, intestinal fistulas occur most often after abdominal surgery for cancer, inflammatory disease, adhesiolysis, or pancreatitis. Radiotherapy also damages the gastrointestinal tract, and 5-10% of patients may develop a fistula, sometimes even years after the treatment.

Conclusion: This is the first-ever reported case of duodenojejunal fistula in a patient after abdominal surgery and radiotherapy. We postulate that both interventions could have contributed to this complication. Due to multiple adhesions and radiologic bowel damage, surgery may not be a safe option for such patients. Our case shows that conservative treatment with duodenal tube feeding could be an effective alternative.