CA 19-9 LEVELS IN PATIENTS WITH CHOLANGIOCHOLITIS

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INTRODUCTION

CA 19-9 is a carbohydrate antigen unique to 19-9 epithelial tissues of the Lewis blood group that has been proposed as a marker for epithelial type cancers, especially those of the pancreas and bile ducts (1). During the last decades, CA 19-9 has been investigated not only as a marker for epithelial type cancers of the pancreas and bile ducts but also diagnostic marker for chronic cholestasis (2). In this respect, several studies have investigated CA 19-9 levels in various clinical conditions such as liver cirrhosis, chronic viral hepatitis, chronic extrahepatic biliary tract obstruction and primary sclerosing cholangitis (3, 4). However, the role of CA 19-9 as a marker of cholangitis is not well known. Some authors have suggested that CA 19-9 levels were elevated in acute cholangitis (5) or patients with microbial infections (6, 7). However, in this study, we investigated CA 19-9 levels in acute cholangitis and those with microbial infections were excluded.

METHODS

A retrospective study was performed. All patients with surgically proven choledocholithiasis in our department from December 1, 2008 to May 30, 2009 were included in the study. Patients with hilar pancreatic space-occupying lesions (e.g. cysts or ductal dilatation) or with normal magnetic resonance imaging (MRI) or magnetic resonance cholangiopancreatography (MRCP) were excluded. Severity stage was not evaluated because patients were not evaluated before the operation.

Patients included in this study satisfied the diagnostic criteria for acute cholangitis as stated by the International Study Group for Acute Pancreatitis (ISGAP) and the International Study Group for Acute Cholangitis (ISGAC). In our previous study, we have reported that CA 19-9 was significantly higher in patients with choledocholithiasis and/or in patients with microbial infections (8).

In this study, we investigated CA 19-9 levels in patients with choledocholithiasis and/or in patients with microbial infections.

RESULTS

CA 19-9 was significantly elevated in patients with choledocholithiasis and/or in patients with microbial infections in our study. Patients with choledocholithiasis had significantly higher CA 19-9 levels than patients without choledocholithiasis (9). In patients with microbial infections, CA 19-9 levels were not statistically different from patients without microbial infections (9).

CONCLUSION

CA 19-9 is a useful marker for the evaluation of acute cholangitis.

REFERENCES


