

## PP 19

### **Squamous cell carcinoma of the ampulla of vater – A case report**

Rajapakse A<sup>1</sup>, Malewana E<sup>1</sup>, Jayasinghe J<sup>3</sup>, Kailasapathy B<sup>1</sup>, Pathirana A<sup>1</sup>, Prematilleke I<sup>1</sup>

<sup>1</sup>*Faculty of Medical Sciences, University of Sri Jayewardenepura, <sup>2</sup>Faculty of Medicine, University of Jaffna*

<sup>3</sup>*Colombo South Teaching Hospital*

**Introduction:** Ampullary carcinoma comprises up to 2% of all gastrointestinal malignancies. Primary squamous cell carcinoma of the ampulla is a very rare neoplasm, with only three reported cases in literature. Due to its rarity, the biological behavior is largely unknown. We highlight such a case, and its diagnostic workup.

**Case Report:** A 61 year old woman presented with painless obstructive jaundice of 2 months duration. MRI scan showed a stricture in the distal common bile duct suggestive of a neoplasm. Biopsy at ERCP showed a poorly differentiated ampullary carcinoma. The specimen received at Whipple's surgery showed a white tumour surrounding the ampulla, 25 mm in maximum dimension. Histology and immunohistochemistry (CK 7+/20 -, CA 19-9+, CK5/6 focally+) pointed towards a poorly differentiated squamous cell carcinoma. A primary squamous carcinoma elsewhere was excluded. The patient is alive nine months after surgery.

**Discussion:** Ampullary squamous cell carcinoma is most often metastatic from sites such as the larynx, esophagus, lung and uterus. A squamous carcinoma therefore requires ruling out of a primary site elsewhere or a glandular component (adenosquamous carcinoma). These were excluded in this patient. Immunohistochemistry differed from that of primary adenocarcinoma of the ampulla.