



Gallbladder cancer surgery after all – with surprising findings!

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The patient is a Swedish man, born in 1967, who has suffered from the intestinal disease called ulcerative colitis from the mid-1990s and also a primary sclerosing cholangitis which is a chronic inflammation of the biliary tract, from 2006. In May 2006 he had the entire colon removed and was given a pelvic reservoir.

In May 2009, the tumor marker CA 19-9 rose to 1510 (normal range up to 35) and a PET-CT gave suspicion of an intrahepatic cholangiocellular cancer in the liver originating from the biliary tract, in the middle part of right liver lobe. A size of 4-5 cm in segment 5.

In Sweden they decided to give the patient a liver transplant and began treatment with Gemzar and Oxiplatin on 09.09.2009.

In the preliminary examinations, however, during exploration of the stomach they found some hard lymph nodes behind the pancreas and metastases were found in at least two of these. The liver transplant was then cancelled because of the cancer found outside the liver.

The patient continues chemotherapy with Gem / Ox and a few days after the second round, the patient comes to Humlegaarden on 12th October 2009 and begins our program with the mistletoe compound Helixor A in increasing dosage and LDN (low dose naltrexone). Also local hyperthermia a.m. Oncotherm on the liver, rehatron and magnetic field therapy, galvano therapy and biofoton treatment.

In Sweden an operation is considered, but there is some uncertainty as to whether this is possible.

The patient continues to come to Humlegaarden at regular intervals to get local hyperthermia and in mid- December 2009, we send the patient's recent MRT scan from ultimo November to Professor Habib at Hammersmith Hospital in London to assess the surgery option.

Dr. Habib agrees to operate the patient, but some time passes for planning the operation, so the patient continues our therapies along with chemotherapy. End of February 2010 he is switched to Gemzar and Xeloda, and on April 21st, treatment with chemotherapy is stopped, but the patient continues with local hyperthermia and injections with mistletoe, etc.

Surgery takes place as planned at Hammersmith in London on 27.5.2010, and it appears that the patient had no cancer in the liver, but a large gall bladder cancer, which extends to the back of the liver. It could be separated from the liver, so that all cancer tissue was removed.

During his recent visit to Humlegaarden on June 29th 2010 the patient is totally cancer free and his CA 19-9, which was 1800 before surgery, was on 17.06.2010 reduced to 700. The patient continues his Helixor injections of 100 mg every other day. He is obviously very happy.

Conclusion: Modern surgery has undergone great development in recent years and there are separate cases where it is a wise decision to let the world's leading surgeons evaluate the patient, even if the local surgeons refuse surgery. Moreover, it can be observed that often during the operation the surgeons are surprised, as in this case, where it was found that the patient did not have cancer in the liver at all. That had been the assumption for a whole year.