

Cholangioscopy View of Biliary Cystadenoma

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A 32-year-old woman known to have recurrent episodes of jaundice was admitted for obstructive jaundice with fever. Computed tomography (CT) of the abdomen showed cystic lesion involving the left lobe of the liver along with the left hepatic duct and common bile duct (CBD), suggestive of a hydatid cyst (**Fig. 1**). Ultrasonography and magnetic resonance imaging also correlated with the CT scan findings. The patient underwent endoscopic retrograde cholangiogram (ERC), after sphincterotomy cholangioscopy was performed.

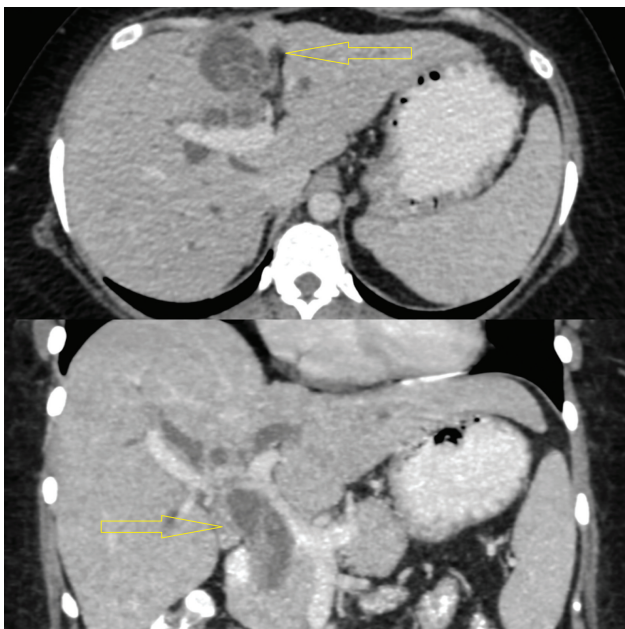


Fig. 1 Computed tomography scan showing a cystic lesion involving the left lobe of the liver extending into the dilated common bile duct.

A multilobulated cystic lesion seen in the CBD (**Fig. 2**). We tried to clear the CBD with balloon sweep but it could not be done. A plastic stent was deployed across the CBD into the right system. Four weeks later, her jaundice improved and a repeat duodenoscopy showed prolapsing cystic mass at the ampulla. The patient underwent Laparotomy and resection of the cystic mass was done (**Fig. 3**). Histopathology examination was suggestive of biliary cystadenoma (**Fig. 4**). Post resection the patient recovered well. Biliary cystadenoma is a rare hepatobiliary tumor and presentation with obstructive jaundice is unusual.¹ To the best of our knowledge, a cholangioscopic demonstration of a biliary cystadenoma has not been reported in the literature so far.



Fig. 2 Cholangioscopy showing a multilobulated cystic lesion in the common bile duct.

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Fig. 3 Resected cystic lesion and its contents.

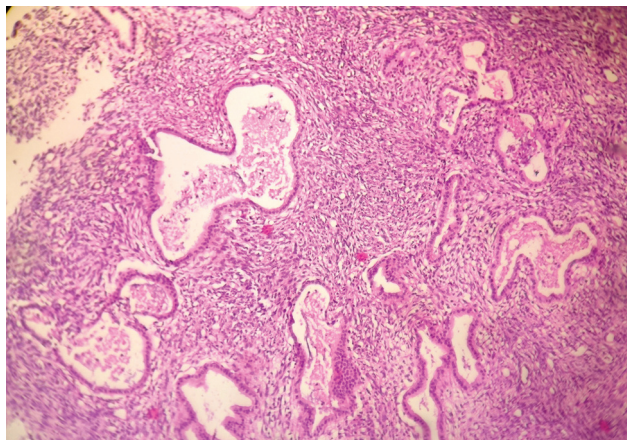


Fig. 4 Hematoxylin and eosin staining of the resected surgical specimen showing a dilated duct with multiple cysts lined by a cuboidal epithelium supported by an underlying mesenchymal stroma. The cyst is filled with an amorphous eosinophilic material and cyst macrophages.

Author Contributions

S.R.K. drafted the manuscript and contributed to the evaluation of the patient. S.N. was the treating gastroenterologist who managed the case, and contributed in writing this manuscript. S.A. was the pathologist who made the diagnosis on basis of the histopathology.

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Conflict of Interest

None declared.

Reference

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