
Biliary Opening Anomalies: Ectopic Drainage of Pancreaticobiliary Ducts

Ectopic drainage of the pancreaticobiliary ducts is very rare (1,2). We present here two unusual cases of congenital bile duct anomaly and one of a pancreatic duct opening anomaly. In the first patient, there was a fistula between the common bile duct and the duodenum on a barium meal study (Figure 1). At ERCP, we observed an orifice in the bulb; after contrast injection, the common bile duct (CBD) filled, with the cystic duct joining at the very distal portion (Figure 2). A few millimeters below, a second separate small opening was cannulated, and the pancreatic duct was demonstrated. In the second and third

cases, the major papilla was not found in its proper place, but below the usual position.

Entirely separate channels for the CBD and pancreatic duct occur within a single recognizable papilla in 30–40% of patients (3). The true prevalence of drainage into the first portion of the duodenum is not known. Today, with the progress that has been made in ERCP, drainage abnormalities are being reported more clearly. A review of the literature, identified two cases of cystic duct drainage directly into the duodenal bulb and one case of cystic

duct drainage directly into the papilla of Vater (3,4). Whether abnormal cystic duct drainage into the CBD has any importance in relation to gallbladder function is not known, but when occluded by a duodenal ulcer or by an infection from the bulb, it may increase the tension of the gallbladder and reflux of duodenal contents because of obstruction and edema, and it may give rise to symptoms of infection and cholangitis (5).

In conclusion, any biliary tract abnormalities, whether congenital or acquired, should be regarded as a compromised



Figure 1: A fistula-like appearance in a barium meal study of the stomach.



Figure 2: The dilated common bile duct and cystic duct uniting at the very distal portion.

biliary tree likely to be colonized with bacteria and prone to cholangitis. We believe that drainage anomalies in the CBD and pancreatic duct will be more easily demonstrated with new technical developed duodenoscopes in the future, and one of the causes of obstructive jaundice will be more easily observed.

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