Choledochal cyst

Kyste du cholédoque

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A 41-year-old man with no notable medical history complained of abdominal pain. There was no history of fever or jaundice. Physical examination was unremarkable. Results of blood investigation including liver function tests were normal. Gastroduodenoscopy was normal. Liver ultrasonography demonstrated a marked dilatation of the common bile duct (CBD).

Magnetic resonance cholangiography demonstrated an extrahepatic fusiform dilatation of the CBD localized at the upper end (arrows). CBD dilatation was associated with an anomalous pancreatobiliary junction (long arrow) with a long common channel related to fusion of the pancreatic duct and CBD outside the duodenal wall.

Diagnosis of type I choledochal cyst according to Todani classification (localized cystic dilatation of the CBD) was confirmed at surgery. Cholecystectomy, complete excision of the choledochal cyst and Roux-en-Y hepaticojejunostomy were performed. Pathological examination demonstrated few cells with low-grade dysplasia within cyst wall. Recovery was uneventful.

The etiology of choledochal cyst is still unclear. However, it is currently postulated choledochal cysts are secondary to an abnormal pancreatobiliary junction such that the pancreatic duct and the common bile duct meet outside the ampulla of Vater forming a long common channel [1].

The major risk of choledochal cyst is the development of intracystic cancer, the prevention of which is total surgical resection of the cyst (Fig. 1).

Conflicts of interest

The authors have not declared any conflict of interest.

Reference