Cystic Dilatation of Main Bile Duct: About A Case

Hassan DOULHOUSNE1, Salah BENELHEND1, Mohammed-Jaouad FASSI FIHRI2,3, Hicham BABA2,3, El Medhi ATMANE2, Abdelghani EL FIKRI1,3, Abdelilah MOUHSINE3

1Department of radiology, Fifth Military Hospital, Guelmim, Morocco
2Department of visceral surgery, Fifth Military Hospital, Guelmim, Morocco
3Faculty of medicine and pharmacy, University Cadi Ayyad, Marrakech, Morocco

Cystic dilatation of the bile ducts is a rare congenital malformation. It’s due to an abnormality of the bilio-pancreatic junction which may involve the extra and/or intrahepatic bile ducts. According to Todani, there are several types depending on the site, shape and distribution of the malformation. It’s evoked in front of the inconstant clinical triad: pain, jaundice and mass. Ultrasound and better sectional imaging confirm the diagnosis. Surgical excision is the treatment of choice to prevent malignant degeneration of the cyst wall and bile ducts.

Keywords: Cystic dilatation - Main bile duct - Diagnosis – Imagery.

Copyright © 2021 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

INTRODUCTION

Cystic bile duct defects are rare congenital conditions. According to Todani, they are classified according to the location, extent, and type of dilation of the bile ducts. The bilio-pancreatic crossroads anomaly plays an essential role in the genesis of this malformation and the degeneration of the bile ducts. Surgical resection is the standard treatment [1].

CASE REPORT

A 60-year-old patient cholecystectomized ten years ago, who has presented chronic intermittent pain in the right hypochondrium. Clinical examination revealed localized tenderness on palpation, without fever, jaundice, or other associated signs. The biological assessment did not reveal any anomalies. Ultrasound showed significant cystic dilation of the main bile duct, without detectable obstacle downstream. An abdominal CT was performed, objectifying a fusiform cystic dilatation of the main bile duct, measuring 7.1x4.9 cm, with slight dilatation upstream of intra-hepatic bile ducts (figure 1). The MRI appreciated better this cystic dilatation of the main bile duct and excluding possible lower lithiasis or mass syndrome (figure 2). The patient underwent surgical resection of the main bile duct with hepaticojejunal anastomosis. The post-operative consequences were simples.

Fig-1 (A-B): Axial and coronal sections of injected abdominal CT showing a cystic dilation of the main bile duct, exerting a slight mass effect on the duodenal and pancreatic parenchyma.
gallbladder and intrahepatic bile ducts. This cyst can sometimes be the site of a few small stones or echogenic debris. The gallbladder often has a thickened wall and may also contain Sludge or stones. The pancreatic duct can be dilated with sometimes the visibility of its junction with the common bile duct in the head of the pancreas [6].

The differential diagnosis arises in the neonatal period with bile duct atresia in its cystic form. When dilatation is moderate, the main differential diagnosis is primary cholelithiasis of the lower common bile duct. The CT scan and better MRI diagnose the anomaly of the biliopancreatic junction with an abnormally long common duct, exceeding 5 mm in children and 15 mm in the adult [7]. In case of doubt, the opacification of the bile ducts and the high dosage of pancreatic enzymes in the bile can confirm the diagnosis. Complete surgical resection of the cyst and gallbladder with hepaticojejunal anastomosis is the standard treatment given the increased risk of malignant degeneration [1].

Conflict of Interest
The authors declare that they have no conflict with this manuscript.

REFERENCES