Endoscopic removal of tubulovillous adenoma with high grade focal dysplasia in the distal common bile duct

► **Fig. 1** Initial imaging. **a** Endoscopic retrograde cholangiopancreatography showed a filling defect at the distal common bile duct. **b** An endoscopic ultrasound revealed the presence of a 10×8 mm polyp.

► **Fig. 2** Removal of the polyp. **a** Using a Fogarty balloon, the polyp was tractioned toward the duodenum. **b** Polypectomy was performed using a pediatric hot snare.

► **Fig. 3** No remaining polyp was seen with a baby scope cholangioscopy at the 6-month follow-up visit. Pathology confirmed the absence of adenoma at 2 and 6 months.

An 80-year-old woman with pluripathology was admitted with cholangitis. A computed tomography scan showed a dilated common bile duct (CBD) and a possible distal choledocholithiasis. An endoscopic retrograde cholangiopancreatography was performed and the duct was swept with a balloon, revealing a polypoid lesion of adenomatous appearance through the papilla. The pathology confirmed a tubulo-villous adenoma with high grade focal dysplasia. An endoscopic ultrasound revealed the

presence of a 10×8 mm polyp in the CBD (► **Fig. 1**). As the patient was a high risk surgical candidate, endoscopic treatment was indicated in accordance with a multidisciplinary committee.

The papilla was reached using the duodenoscope and a papiloplasty was performed with a 12-mm pneumatic balloon (► **Video 1**). With the help of the Fogarty balloon and a biopsy forceps, the polyp was tractioned toward the duodenum and polypectomy was performed using a pediatric hot snare (► **Fig. 2**). Then, a ful-

guration soft coagulation was done and a fully covered self-expanding metallic biliary stent was placed.

After a 2-month follow-up period, a baby scope cholangioscopy showed no macroscopic lesion after removing the stent. In addition, fulguration with argon beam was applied to the polypectomy site. In the next follow-up at 6 months, a baby scope cholangioscopy showed no remaining polyp (► **Fig. 3**). Pathology confirmed the absence of adenoma at 2 and 6 months. No complications were detected during follow-up.

Adenomas of the extrahepatic bile duct are uncommon benign neoplasms with an unknown malignant potential [1–3]. Surgery is the current treatment [1–3], with only five published cases of successful endoscopic treatment in nonsurgical patients [2]. In the current case, the key to achieving technical success was good visualization through the papilla (papiloplasty+stent) and the use of a pediatric polypectomy snare with the help of the balloon.

Video 1 Endoscopic removal of a tubulovillous adenoma with high grade focal dysplasia in the distal common bile duct.

Bibliography

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Competing interests

None

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