A 39-year-old woman was admitted to our hospital with pain in the right upper quadrant for more than 2 months. Magnetic resource imaging (MRI) showed that the patient had liver calcification, dilatation of the intrahepatic bile duct and upper part of the extrahepatic bile duct, and hepatic parenchymal nodules (Fig. 1). The patient had undergone cholecystectomy for gallstones a year previously. For further diagnosis and treatment, we decided to perform biliary exploration.

During the procedure, there were no obvious stones seen but many papillary neoplasms with silt-like mucus were seen in the hilar and intrahepatic bile ducts on choledochoscopy (Fig. 2), which were thought to be biliary papillomatosis [1]. A biopsy was taken, which confirmed the diagnosis (Fig. 3). Biliary papillomatosis is a rare and fatal disease characterized by multiple papillary tumors of variable distribution and extent in the intrahepatic and/or extrahepatic biliary tree [2, 3]. In an effort to destroy the tumors, 6 weeks later, we performed cholangioscopic electrocoagulation through a T-tube tract (Video 1). With there being little bleeding during the endoscopic operation, we re-inserted a T-tube into the common bile duct, and the patient returned to the ward safely.

Planned follow-up of the patient by choledochoscopy 3 weeks later showed that the visible bile duct silt-like mucus had disappeared, the hilar and intrahepatic bile ducts were smooth with some scarring visible, but there was no evidence of bile duct papilloma (Fig. 4). The patient was discharged from the hospital after a period of time.

Acknowledgments
The authors wish to thank the Young Scholar’s Scientific Research Fund of Sichuan University, China (2017SCU11057) for their support.

Endoscopy UCTN_Code TTT_1AR_2AF

Fig. 1 Magnetic resonance image showing dilatation of the bile ducts and hepatic parenchymal nodules.

Fig. 2 Choledochoscopy view showing papillary neoplasms in the intrahepatic bile duct.

Fig. 3 Histology of the biopsy specimen showing biliary papillomatosis.
Competing interests

None

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