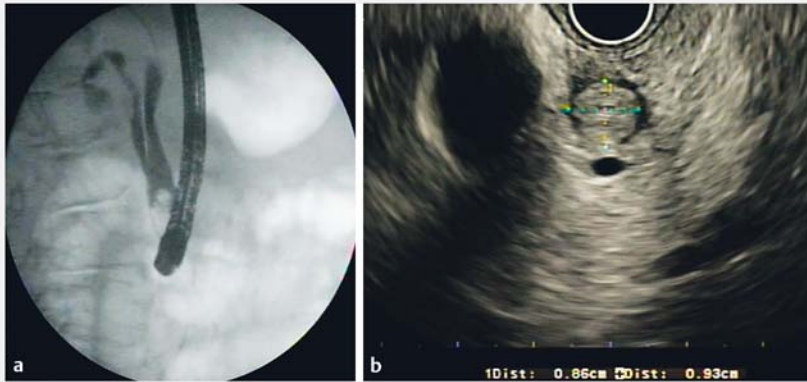
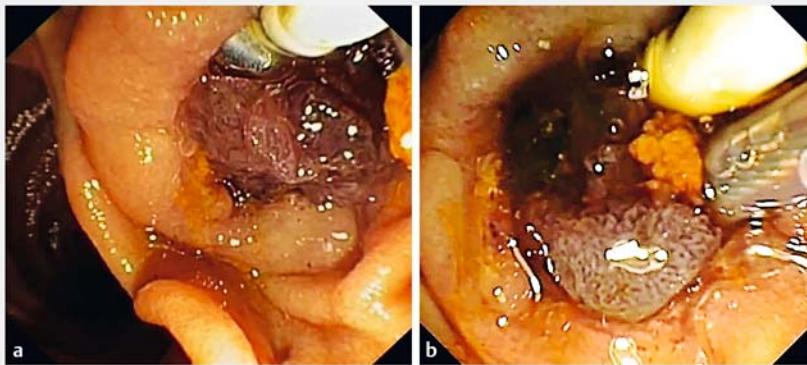


## Endoscopic removal of tubulovillous adenoma with high grade focal dysplasia in the distal common bile duct



► **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.

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-



► **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.

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

DOI <https://doi.org/10.1055/a-0915-1638>

Published online: 4.6.2019

Endoscopy 2019; 51: E319–E320

© Georg Thieme Verlag KG

Stuttgart · New York

ISSN 0013-726X

### ENDOSCOPY E-VIDEOS

<https://eref.thieme.de/e-videos>



*Endoscopy E-Videos* is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at

<https://mc.manuscriptcentral.com/e-videos>

Endoscopy\_UCTN\_Code\_TTT\_1AR\_2AF

### Corresponding author

#### Carme Loras, MD, PhD

Department of Gastroenterology, Endoscopy Unit, Hospital Universitari Mútua Terrassa, Universitat de Barcelona, Plaça Dr Robert nº 5, 08221 Terrassa, Barcelona, Catalonia, Spain  
 Fax: +34-93-7365043  
[cloras@mutuaterrassa.cat](mailto:cloras@mutuaterrassa.cat)

### Competing interests

None

### The authors

Rogger Alvaro Bendezú-García<sup>1,2</sup>, Xavier Andújar-Murcia<sup>1,3</sup>, Carme Loras<sup>1,3</sup>

- 1 Department of Gastroenterology, Hospital Universitari MútuaTerrassa, Fundació per la Recerca Mútua Terrassa, Terrassa, Catalonia Spain
- 2 Department of Gastroenterology, Hospital Universitari General de Catalunya, Catalonia, Spain
- 3 Centro de Investigación Biomédica en Red de Enfermedades Hepáticas y Digestivas (CIBERehd), Spain

### References

- [1] Burhaus R, Myers RT. Benign neoplasms of the extrahepatic biliary ducts. *Am Surg* 1971; 37: 161–166
- [2] Loh K, Nautsch D, Mueller J et al. Adenomas involving the extrahepatic biliary tree are rare but have an aggressive clinical course. *Endosc Int Open* 2016; 4: E112–E117
- [3] Munshi AG, Hassan MA. Common bile duct adenoma: case report and brief review of literature. *Surg Laparosc Endosc Percutan Tech* 2010; 20: e193–e194