Endoscopic resection of a choledochocele

Choledochal cysts are uncommon congenital dilatations of the extrahepatic and/or intrahepatic biliary system. Several serious complications of choledochal cysts have been described, including malignancy. According to Todani et al., choledochal cysts are classified into five types [1]. Type III, or choledochocele, is a cystic dilatation of the intra-ampullary portion of the common bile duct (CBD). Compared with other choledochal cysts, the choledochocele has a very low rate of malignant transformation [2]. Therefore, the choledochocele can be treated with sphincterotomy or endoscopic papillectomy [3, 4]. Here we report a case of a 17-year-old man admitted to our hospital with acute mild pancreatitis. A preliminary magnetic resonance cholangiopancreatography showed an isolated cystic-like dilatation of the distal portion of the CBD. Duodenoscopy revealed a 25–30-mm subepithelial swelling proximal to the major papilla and protruding into the duodenum (Fig. 1). Endoscopic ultrasound confirmed cystic dilatation of the intra-ampullary portion of the CBD and three biliary stones. Choledochocele was diagnosed and the patient was referred for endoscopic treatment (Video 1). The lesion was resected en bloc by hot snare papillectomy (Fig. 2) and the stones were also removed (Fig. 3). Endoscopic retrograde cholangiopancreatography was then performed and no further biliary alterations were seen. Pancr...
post-procedural acute pancreatitis and papillary stenosis. Two through-the-scope clips were deployed to close the mucosal defect. No post-procedural complications were observed. Pathological examination showed hyperplasia of the biliary epithelium and inflammatory infiltration without dysplasia. 

At the 2-month follow-up, duodenoscopy showed no residual lesions in the ampullary area and spontaneous pancreatic stent migration (Fig. 4). In our opinion, this case confirms that endoscopic papillectomy may be a good option for the treatment of patients with choledochocele.

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Competing interests

The authors declare that they have no conflict of interest.

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