

Choledochal cyst: a future indication for peroral choledochoscopy?

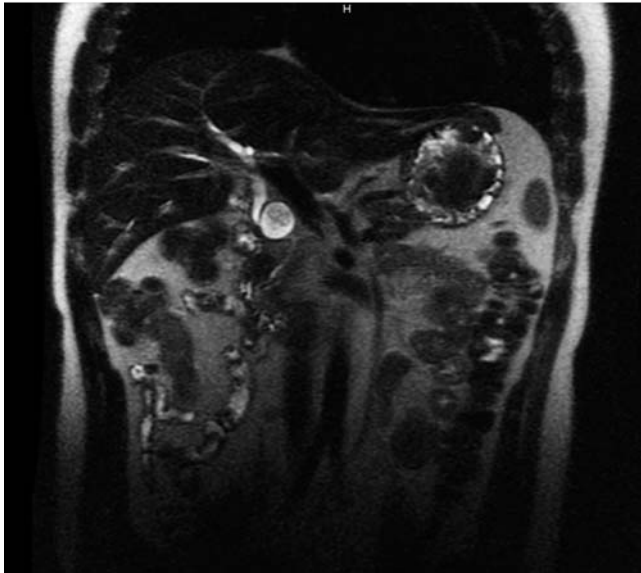
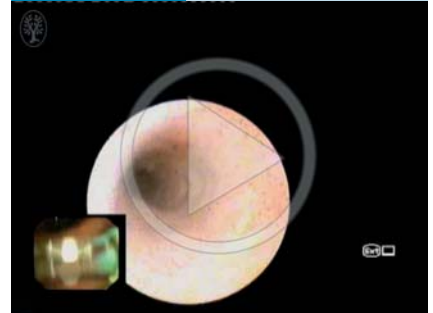


Fig. 1 Magnetic resonance imaging revealed a 24-mm saccular lesion communicating with the bile duct lumen, compatible with type II choledochal cyst.

Video 1



Peroral choledochoscopy using the SpyGlass system (Boston Scientific, Marlborough, Massachusetts, USA) for evaluation of a choledochal cyst.

A 31-year-old man with no medical history was admitted to the emergency department following 3 days of abdominal pain and jaundice. The laboratory work-up revealed elevated levels of bilirubin (9.2 mg/dL; direct 6.5 mg/dL) and C-reactive protein (30 mg/dL).

Transabdominal ultrasound showed dilatation of the common bile duct (10 mm), thickened gallbladder wall with sludge, but no evidence of choledocholithiasis.

An abdominal magnetic resonance imaging scan was performed and depicted, in the mid-portion of the common bile duct, a 24-mm saccular lesion communicating with the bile duct lumen, which was compatible with a type II choledochal cyst, according to the Todani classification (Fig. 1).

Peroral choledochoscopy using the SpyGlass system (Boston Scientific, Marlborough, Massachusetts, USA) was performed, and showed friability of the epi-

thelium and mucoid debris in the cyst opening (Video 1). Biopsies were taken using SpyBite forceps (Boston Scientific). Microscopic examination of the cyst wall disclosed a stratified squamous epithelium lining, with mucinous cells focally, without dysplasia (Fig. 2).

The patient underwent resection of the common bile duct, followed by hepaticojejunostomy. The surgical specimen did not reveal any additional features.

We have described the first reported case of peroral cholangioscopy in a patient with a choledochal cyst. This technique can be important in the management of

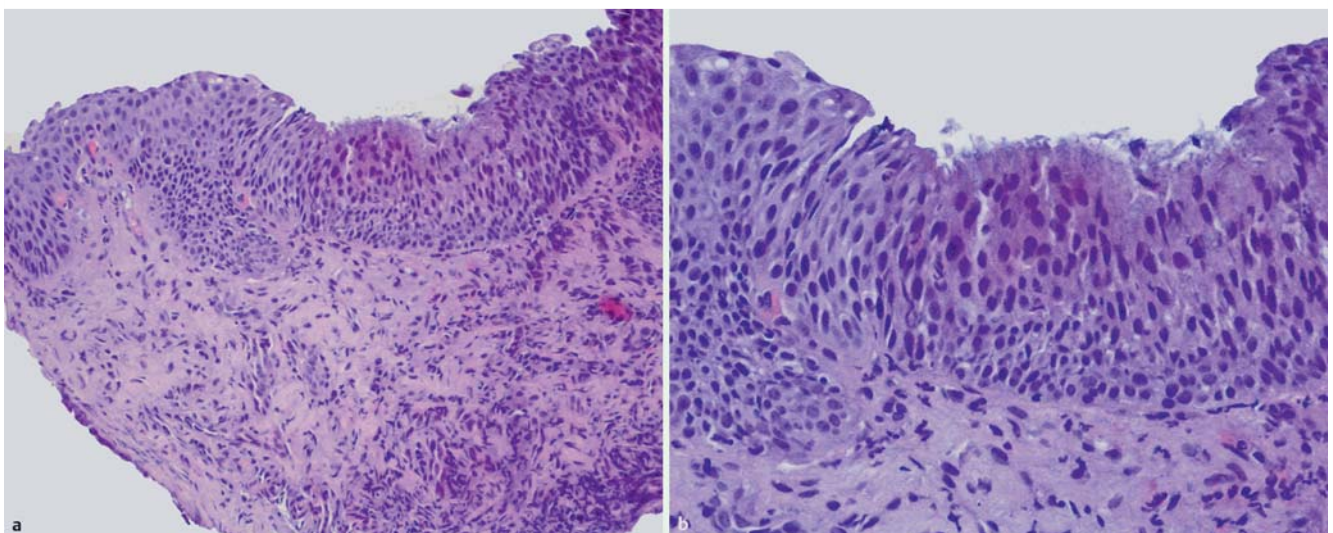


Fig. 2 Histological features (hematoxylin and eosin) of the choledochal cyst. The cyst wall was lined by stratified squamous epithelium, with mucinous cells focally. There was no dysplasia. **a** $\times 200$; **b** $\times 400$.

these patients where the choledochal cyst may represent a premalignant state. In fact, it might be used to detect dysplasia of the bile ducts, with direct visualization of the mucosa and the possibility of obtaining biopsy samples. Moreover, and particularly in type II choledochal cyst, cholangioscopy can be used to help establish the best surgical approach, allowing, in some situations, more conservative treatment.

Endoscopy_UCTN_Code_TTT_1AR_2AK

Competing interests: None

**Rosa Coelho¹, Pedro Pereira¹,
Filipe Vilas-Boas¹, Pedro Moutinho-
Ribeiro¹, Rui Gaspar¹, Elisabete Rios²,
Guilherme Macedo¹**

¹ Gastroenterology Department, Centro Hospitalar São João, Porto, Portugal

² Pathology Department, Centro Hospitalar São João, Porto, Portugal

Bibliography

DOI <http://dx.doi.org/10.1055/s-0042-118169>
Endoscopy 2016; 48: E359–E360
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author

Rosa Coelho, MD
Gastroenterology Department
Centro Hospitalar São João
Alameda Professor Hernâni Monteiro
4200-319 Porto
Portugal
Fax: +351-225-025766
rosacoelhoabrantas@hotmail.com