

Incarcerated Bile Duct Adenoma as a Rare Cause of Acute Cholestatic Pancreatitis

A 64-year old female patient was admitted because of severe epigastric abdominal pain and reduced general condition. Seventeen years ago she underwent a cholecystectomy. Severe acute biliary pancreatitis was suspected, and an endoscopic retrograde cholangiopancreatography (ERCP) was performed. On endoscopy, an incarcerated tumor of the papilla of Vater was found as the cause of pancreatitis, leading to a 1.5 cm stenosis of the distal common bile duct on ERC. After performing a large endoscopic sphincterotomy (EST), portions of a livid-reddish tumor prolapsed into the duodenum (Figure 1). Laboratory results showed leucocytosis, an elevated bilirubin level of 109 $\mu\text{mol/l}$, hyperamylasemia and hyperlipasemia of 6,800 U/l and 22,000 U/l, respectively. Biopic histologic test results confirmed an adenoma (Figure 2). Partial incarceration of the bile duct adenoma in the ampullary region caused obstruction leading to jaundice. A surgical revision of the remaining portion of the adenoma was delayed because of coronary heart disease necessitating bypass surgery three months later. Due to the high risk of major abdominal surgery, the patient refused surgical removal of the adenoma. She is well now, six months after the acute pancreatitis. Acute pancreatitis requires cooperation between the gastroenterologist and the surgeon. In severe cases when a biliary genesis is suspected, emergency ERCP with EST is a generally accepted therapy (1). The results of animal experiments suggest that the severity of pancreatitis correlates with bile duct occlusion (2). In the case presented here, the extremely rare diagnosis of an incarcerated bile duct tumor could be established, and EST led to a relief of the patient's bile duct occlusion and pancreatitis. Benign biliary tract tumors like adenomas or papillomas account for only 1% of all biliary tract neoplasms (3). In case of biliary malignancy, bile duct occlusion combined with hyperamylasemia occurs significantly more often (4). Bile tract adenomas are considered as precancerous conditions (5); in this case the greatly increased risk of abdominal surgery precluded operative removal of the tumor.

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Figure 1: Endoscopic view of the incarcerated papillary tumor.

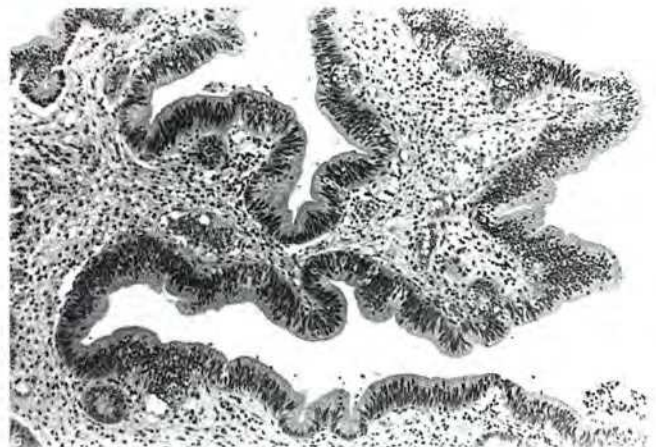


Figure 2: Histological appearance of the tumor biopsy showing adenoma.

References

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