Using Cholangioscopy to Provide a Diagnosis of Benign Hepatobiliary Cystadenoma

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technique spotlight

Patient History

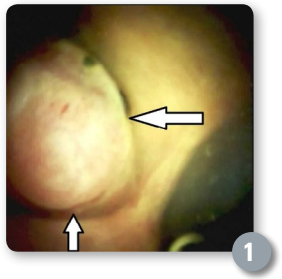
A 68-year-old Caucasian female with a past medical history of cholelithiasis presented to us with right upper quadrant pain and intermittent dark urine after eating a heavy, fatty meal. A right upper quadrant ultrasonogram revealed a cystic mass causing extrinsic compression on the common hepatic duct, and bilateral intrahepatic dilation in addition to the patient's known history of cholelithiasis. Subsequently, a CT scan showed a thin walled cystic lesion encompassing almost the entire caudate lobe.

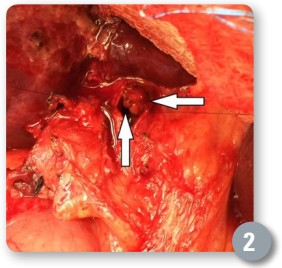
Procedure

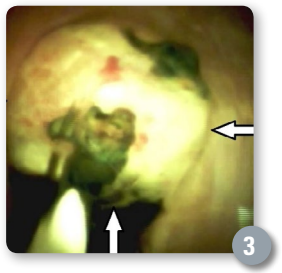
Endoscopic retrograde cholangiopancreatography revealed a large, fixed filling defect at the bifurcation. In order to better determine the nature of this obstruction, cholangioscopy using a single operator digital cholangioscope (SpyGlass™ DS System) was performed, which revealed a 2cm cystic lesion with its stalk in the proximal right main hepatic duct (Figures 1 & 2). Detailed visualization with high quality imaging and targeted manipulation of the mass showed that it was mobile, causing an obstruction to the right and intermittently to the left system. It appeared to be a benign, pedunculated lesion. Endoscopic resection was not performed due to the inability to control potential intraductal post-polypectomy hemorrhage. Surgical resection was subsequently performed with pathology consistent with benign hepatobiliary cystadenoma (Figure 3). The preoperative staging of the lesion permitted the removal of the lesion via a choledochotomy. This avoided the need for a larger surgical resection of the liver with subsequently a quicker postoperative recovery.

Outcome

A follow-up ERCP was performed which revealed resolution of the filling defect on cholangiography. However, a repeat cholangioscopy procedure was performed which revealed persistent mucosal irregularity which was felt to be postoperative scarring. A follow-up MRI of the liver unfortunately demonstrated a recurrence of the cystic lesion and a larger surgical excision is now being planned.







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Summary

Right upper quadrant abdominal pain and obstructive jaundice are the most common symptoms of cystadenomas. Much as a pendulum swings back and forth, this mass appeared to swing from the right main hepatic duct into the left causing intermittent obstruction of the left system as well, ultimately leading to the patient's presentation of jaundice. Biliary cystadenomas, while extremely rare, should be considered in the differential for obstructive jaundice. Complete surgical excision is required as these tumors have a high rate of recurrence and potential for malignant transformation.

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