

Case Report:

Biliary cystadenoma and choledochal polyp: a rare association

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ABSTRACT

Biliary cystadenomas are rare, potentially malignant neoplasms of biliary origin occurring predominantly in middle aged women. Here we report a case of biliary cystadenoma in a young female who presented with an epigastric mass and features of obstructive jaundice. Imaging studies showed a mass in the left lobe of liver with dilated intra hepatic biliary ducts, right hepatic duct and common bile duct. Patient was subjected to left hepatectomy and hepatico-jejunostomy. Histopathology confirmed the lesion as biliary cystadenoma with choledochal polyp.

Key Words: Biliary cystadenoma, Choledochal polyp

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INTRODUCTION

Biliary cystadenoma is a rare cystic neoplasm originating from bile duct in the liver or less frequently in the extrahepatic biliary system.^{1,2} Its presentation is non-specific. Vague palpable upper abdominal mass and obstructive jaundice due to extrinsic compression of bile ducts may be the presenting complaints.¹ Radical excision of the tumour is the treatment of choice.^{1,3}

CASE REPORT

A 24-year-old-lady presented with yellowish discoloration of urine, itching and palpable lump in the upper abdomen of three months duration. Evaluation revealed icterus and a non-tender epigastric mass. Investigations revealed anaemia (haemoglobin 10.5 g/dL) leukocytosis (total leukocyte count 17,300/mm³), elevated erythrocyte sedimentation rate (ESR) (48 mm at the end of 1st hour). Liver function tests were suggestive of hyper-bilirubinaemia (serum total bilirubin 4.9 mg/dL, conjugated bilirubin 2.6 mg/dL), elevated liver enzymes (aspartate aminotransferase 93 IU/L, alanine aminotransferase 57 IU/L), normal total serum proteins (6.6 g/dL) with low serum albumin (3.1 g/dL). Coagulation profile was normal. Serological testing for hepatitis B surface antigen and anti-

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hepatitis C virus immunoglobulin M antibodies were negative. Ultrasonography of the abdomen revealed a well defined multiloculated anechoic mass measuring 9.5 cm x 7 cm in left lobe of liver with mild intra-hepatic biliary duct dilatation. Contrast enhanced computed tomography (CT) of abdomen showed a well defined hypodense lesion measuring 10 cm x 8 cm with enhancing septations in left lobe of liver in segments 4A and 4B with dilated intrahepatic biliary ducts, dilated right hepatic duct and common bile duct (Figure 1). Magnetic resonance cholangiopancreatography (MRCP) revealed a multi-loculated hyperintense lesion measuring 10 cm x 8 cm at the proximal left hepatic duct extending to common bile duct, and dilated intrahepatic biliary ducts. Gall bladder was grossly distended. Exploratory laparotomy revealed a multiloculated cystic lesion in the left lobe of liver, dilated proximal common bile duct into which a polypoid lesion was projecting. She underwent left hepatectomy and hepatico-jejunostomy. Histopathological examination confirmed it to be a biliary cystadenoma of liver with choledochal polyp.

DISCUSSION

Biliary cystadenoma is rare accounting for 4.6% of intra hepatic cysts, a potentially malignant

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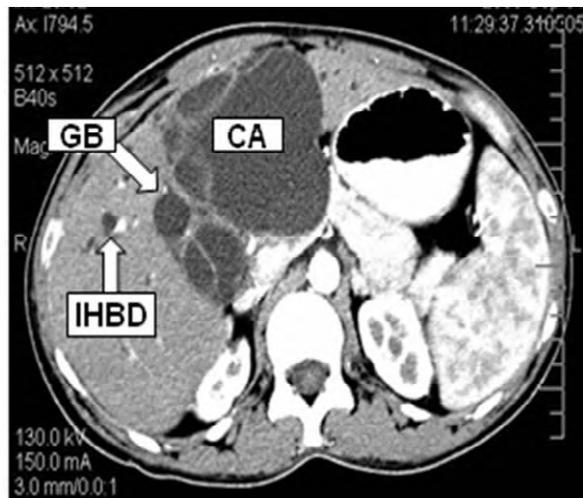


Figure 1: Contrast-enhanced computed tomography of abdomen showing well defined hypodense lesion measuring 10 cm × 8 cm with enhancing septations in left lobe of liver, dilated intra hepatic biliary ducts, dilated right hepatic duct and common bile duct.

CA= cyst adenoma GB=gall bladder IHVD=intrahepatic biliary duct

neoplasm seen in middle-aged women.¹ It arises in liver or in extra-hepatic biliary system from ectopic rests of primitive foregut sequestered within liver or due to obstruction of congenitally aberrant bile duct.^{3,4} It often presents with non-specific symptomatology, the most favoured site being the right lobe.² Mostly these tumours are large, exceeding 10 cm in diameter.³ On ultrasonography it is seen as a multiloculated cystic

mass. On CT and MRCP it is seen as a well-defined smooth walled cyst, with enhancing septae after contrast.⁴ The points of interest in this presentation include (i) large multiloculated biliary cystadenoma; (ii) being present in left lobe; (iii) clinical presentation as obstructive jaundice; and (iv) its association with a choledochal polyp.⁵ She improved with left hepatectomy and hepatico-jejunostomy

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