Type IA choledochal cyst in adult

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Dilatation kystique du cholédoque type IA de l’adulte

Choledochal cysts are rare congenital abnormalities. Its discovery in adulthood is even rarer. The diagnosis and the classification are carried by MRI. Once the diagnosis was made, the total resection of the choledochal cyst is needed to prevent neoplastic transformation.

We report a case of a 27-year-old woman who was admitted with epigastric pain. She described several episodes of fever with icterus spontaneously resolved. Physical examination revealed a patient without jaundice. The abdomen was soft with a mild right upper quadrant tenderness. Laboratory studies indicated no data perturbation. Ultrasonography showed a cystic lesion of 4 cm in transverse diameter next to gallbladder (figure 1B). At laparotomy, the cystic tumor was 6 cm in diameter (figure 2). It was resected in totality (figures 3A and B) and biliary reconstruction was performed with a long defunctionalized Roux limb anastomosed to the upper biliary tree.

Figure 1
A. Ultrasonography: Marked dilatation of the extrahepatic biliary tree in its entirety.
B. Magnetic resonance cholangiopancreatography: Cystic dilatation of the common bile duct with no anomaly of the intra hepatic biliary tree.
**Figure 2**

Intraoperative findings: Type I choledochal cyst
(1: Choledochal cyst; 2: Gallbladder; 3: Duodenum)

**Figure 3**

A. Total resection of choledochal cyst.
B. Specimen. (1: Choledochal cyst; 2: Cystic duct; 3: Gallbladder; 4: Terminal part of choledochal cyst; 5: Hepatic artery; 6: Proximal part of choledochal cyst)
convergence. Choledochal cysts are rare congenital abnormalities that occur in 1 of 50,000 to 1 in 200,000 live births in Western countries [1]. MR cholangiopancreatography has been shown to be 100% accurate in the evaluation of this lesion [2].

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References
