Cystic duct cyst lesions (type VI)

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CASE REPORT

A 60-year-old woman with no past medical history was diagnosed with an extrahepatic bile duct dilatation by ultrasound. The study was completed with a computed tomography (CT) scan that confirmed the existence of a cystic image of 2 cm in diameter near the gallbladder, with proximal extrahepatic bile duct dilatation.

The magnetic resonance imaging also showed dilatation of the bile duct without any apparent reason. The cystic duct was slightly beaded, and a cystic lesion of approximately 2 cm in diameter was identified behind the gallbladder. It reached the cystic bile duct, but it did not communicate with it (Fig. 1).

Exploratory laparoscopy was performed, finding a normal gallbladder with saccular cystic dilatation, which affected only its origin without distal involvement. The histopathologic study led to a diagnosis of a cystic duct cyst (Fig. 2).

DISCUSSION

Todani proposed the most accepted classification for cystic lesions of the bile duct, including five types (1). Serena described another one, type VI, which includes cystic lesions of the isolated cystic duct, of which there are less than 20 reported cases. They differ from type II in terms of the distal cystic caliber, which is normal in type VI, and in the diagnosis, which is performed intraoperatively in most of the cases (2).

Neoplastic degeneration has an incidence of 10-30% in all these lesions, which is the reason why the most widely accepted treatment is cholecystectomy with resection of the cystic duct cyst dilatation and preservation of the main bile duct by laparoscopic approach (3).

REFERENCES