

Complicated peribiliary cysts in patient without any prior liver disease

Key words: Peribiliary cysts. Biliary dilatation. Obstructive jaundice. Liver abscess.

Dear Editor,

A 74-year-old male without a prior liver disease was admitted with cholangitis. Blood tests identified an acute phase response and cholestasis. Abdominal ultrasound and computed tomography (CT) revealed biliary dilatation and a hepatic hilar abscess (Fig. 1A). The patient was treated with antibiotics and percutaneous drainage. Magnetic resonance (MR) and magnetic resonance cholangiopancreatography (MRCP) confirmed a diagnosis of multiple bilateral peribiliary cysts which compressed the liver hilum as well as a new abscess in the lesser sac which was later drained by endoscopic ultrasound (EUS) (Fig. 1B). After long term antibiotic therapy, the abscesses resolved and the peribiliary cysts disappeared 40 days later (Fig. 1C).

Discussion

Peribiliary cysts involve cystic dilation of the extramural peribiliary glands in the liver hilum and portal tracts. By definition, they are not in communication with the intrahepatic biliary ducts (1,2). Most peribiliary cysts are millimetric and asymptomatic. They usually appear in patients with severe chronic liver disease due to the altered portal flow and liver inflammation in cirrhosis (3). The development of these cysts with complications such as cholangitis or jaundice is rare in patients without liver disease. Moreover, abscesses associated with this condition have not been reported. MRCP is the gold standard imaging technique to demonstrate the absence of a communication of these cysts with the biliary ducts (4).

The prognosis of peribiliary cysts is good and progression to malignancy has not been described. In patients without advanced liver disease, clinical follow-up is recommended due to the risk of an increase in the number or size of the cysts which could potentially lead to complications (5).

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DOI: 10.17235/reed.2017.5350/2017

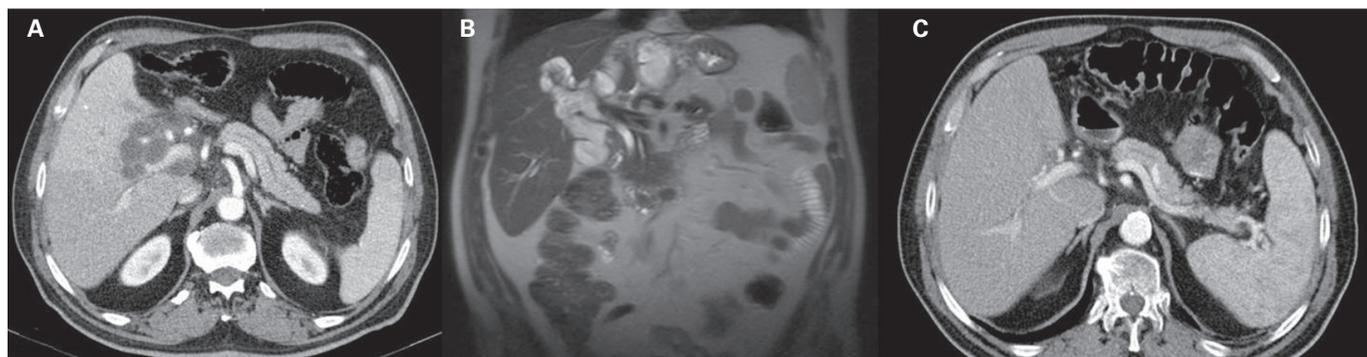


Fig. 1. Abdominal computed tomography (CT) and abdominal magnetic resonance (MR) and magnetic resonance cholangiopancreatography (MRCP). A. Abdominal CT. Dilatation of the left intrahepatic biliary ducts with a bile duct of 10 mm in the liver hilum and an area of low attenuation with internal septums of approximately 5 x 8 x 10 cm, suggestive of a multiloculated liver abscess. B. MR and MRCP. Intrahepatic biliary duct dilatation persists and peribiliary cysts have increased in size and compress the biliary ducts. C. Abdominal CT. Peribiliary cysts have disappeared and are also associated with abscesses.

Note: All authors have contributed equally to the redaction of this letter and have approved the final version.

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