PICTURE IN PATOLOGY DIGESTIVE

Type V biliary cyst with cystolithiasis

Martín Bailón-Cuadrado[1], Pilar Pinto-Fuentes[1], David Pacheco-Sánchez[1] and Trinidad Escudero-Caro[2]

Departments of [1]General and Digestive Surgery, and [2]Radiology. Hospital Universitario Rio Hortega. Valladolid, Spain

Correspondence: Martín Bailón-Cuadrado. **e-mail:** martin.bc1988@gmail.com

CASE REPORT

We present the case of a 40-year-old female who presented to the General Surgery clinic due to a single episode of abdominal pain which required a visit to the Emergency Department. The patient had undergone surgery during childhood due to the suspicion of a hepatic hydatid cyst. However, an intraoperative cholangiography identified a small, non-complicated biliary cyst. Therefore, a hepatic resection was not performed. The patient did not undergo follow-up of the lesion. A large intrahepatic biliary cyst of 50 x 40 x 35 mm (type V, Todani classification) (1) was identified via ultrasound; it originated from the right hepatic bile duct, with lithiasis inside. This finding was corroborated via nuclear magnetic resonance (NMR) (Figs. 1 and 2). Type V biliary cysts are infrequent and they usually consist of multiple intrahepatic cysts (1). Our patient presented with a large single intrahepatic cyst, which highlights the singularity of this case. In addition, cystolithiasis is a rare finding in biliary cysts, especially in type V (2). Both the hepatic analytical profile and tumor markers were normal. The patient had not suffered previous cholangitis episodes. Despite the fact that type V biliary cysts have a low risk of malignancy, the optimal management of these lesions is surgical resection. Nevertheless, a strict radiologic surveillance was decided upon due to the numerous family related issues that the patient was going through (3).

Authorship: Every author has participated in the design and development of this article. Every author has participated in the writing and corrections of the manuscript. Every author has approved the final version which will be considered for publication.

Informed consent: The patient authorized the publication of information concerning their medical history as long as it is used for scientific divulgation. Furthermore, we declare that we have followed the official protocols from our medical center to access the contents of medical histories.

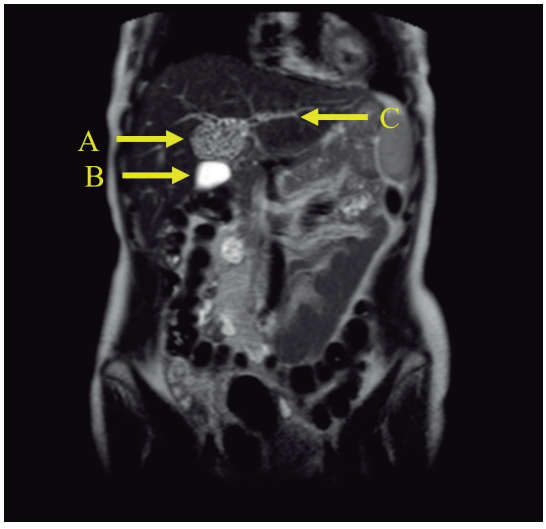

Fig. 1. *Coronal view from the NMR showing the large intrahepatic biliary cyst originating from the right hepatic bile duct and placed cranially to gallbladder. A. Intrahepatic biliary cyst originating from the right hepatic bile duct. B. Gallbladder. C. Left hepatic bile duct.*

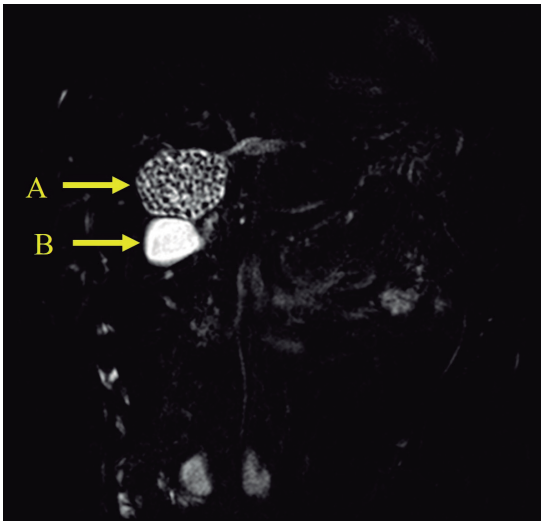

Fig. 2. *Reconstruction from the NMR in which the presence of a large amount of lithiasis within the biliary cyst is shown. A. Intrahepatic biliary cyst with multiple lithiasis inside. B. Gallbladder.*

DOI: 10.17235/reed.2018.5477/2018

Bailón-Cuadrado M, Pinto-Fuentes P, Pacheco-Sánchez D, Escudero-Caro T. Type V biliary cyst with cystolithiasis. Rev Esp Enferm Dig 2018;110(7):455-456.

DOI: 10.17235/reed.2018.4577/2018

REFERENCES

1. Todani T, Watanabe Y, Toki A, et al. Classification of congenital biliary cystic disease: special reference to type Ic and IVA cysts with primary ductal stricture. J Hepatobiliary Pancreat Surg 2003;10(5):340-4. DOI: 10.1007/s00534-002-0733-7
2. Söreide K, Körner H, Havnen J, et al. Bile duct cysts in adults. Br J Surg 2004;91(12):1538-48. DOI: 10.1002/bjs.4815
3. Sastry AV, Abbadessa B, Wayne MG, et al. What is the incidence of biliary carcinoma in choledochal cysts, when do they develop, and how should it affect management? World J Surg 2015;39(2):487-92.