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CLINICAL IMAGE IN GASTROENTEROLOGY

Todani type IVa choledochal cyst☆

Quiste de colédoco tipo IVa de Todani

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A 39-year-old woman was referred to our hospital center for the diagnostic evaluation of asymptomatic cholestasis. Nuclear magnetic resonance cholangiography (fig. 1) and endoscopic retrograde cholangiopancreatography (ERCP) (figs. 2 and 3) were carried out. Both studies revealed marked cystic dilation of the extrahepatic and intrahepatic bile ducts and a normal intrapancreatic bile duct. The ERCP identified a common channel of the pancreatic duct and the common bile duct (fig. 2). The incidence of congenital choledochal cysts is 1/100,000 to 1/150,000, and the most widely accepted cause is an anomalous junction of the pancreatic duct and the common bile duct.

Figure 1 NMR cholangiography showing cystic dilation of the intrahepatic bile ducts and the proximal extrahepatic bile ducts.

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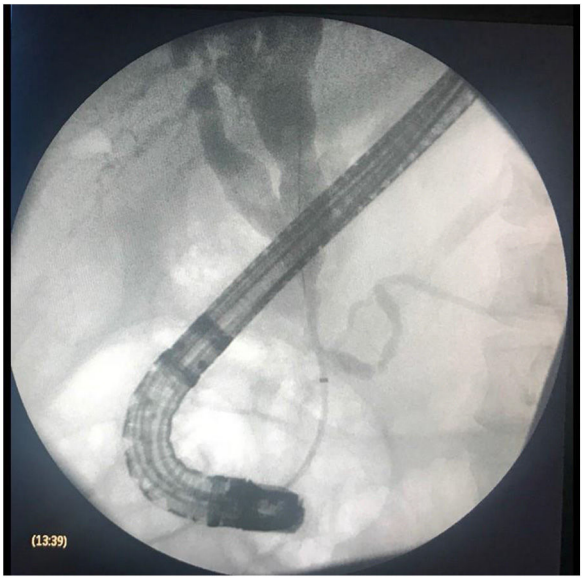

Figure 2 ERCP showing the cystic dilation of the intrahepatic bile ducts and the proximal extrahepatic bile ducts. Note the common channel of the pancreatic duct and the common bile duct.

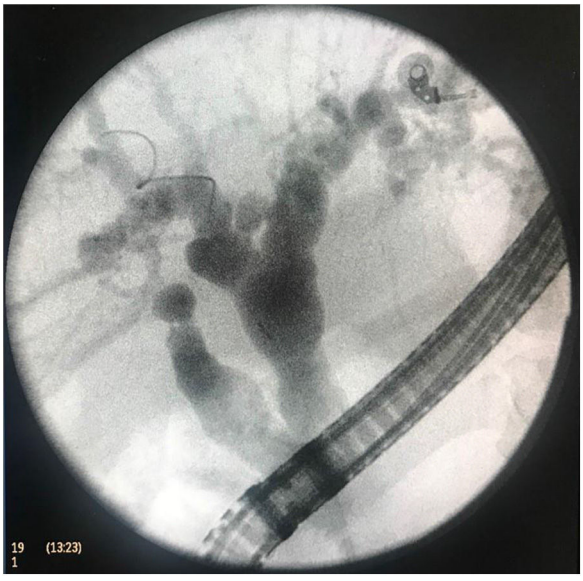

Figure 3 ERCP showing the intrahepatic cystic dilation. Note the opening of the posterior right hepatic duct into the common bile duct.