Symptomatic Type I Choledochal Cyst

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Clinical Image

A 32 year-old-female presented to the emergency department with right upper quadrant abdominal pain and nausea. She also reported several self-limiting episodes of severe post-prandial abdominal pain over a period of one-year. Physical examination was unremarkable. Initial laboratory investigations including white blood test counts were normal.

An ultrasound of the right upper quadrant (Figure 1) revealed a focal segmental dilation of common bile duct (**), the gall bladder (*) and remainder of biliary ducts (arrow) were otherwise normal. An MRCP (Figure 2) and 3D reconstruction image (Figure 3) confirmed the diagnosis of Todani type I Choledochal cyst.

The patient underwent extra hepatic bile duct resection, cholecystectomy and Roux-en-Y hepatic jejunostomy for management of symptomatic large Choledochal cyst. She subsequently had an uneventful recovery.

Choledochal cysts are very rare, with an incidence of 1 in 100,000 to 150,000 and has a strong female predilection with M:F ratio of 1:4 [1]. Type I Choledochal cysts are the most common variant. These cysts are typically benign, but can cause pain due to mass-effect, or can be associated with complications including Cholangitis, Cholelithiasis, or pancreatitis [2]. Management of Type I cysts includes excision of the bile duct along with cholecystectomy and restoration of the bilio-enteric continuity [2].

References


Figure 1: Right upper quadrant.

Figure 2: MRCP.

Figure 3: Todani type I Choledochal cyst.