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ASCR ARCHIVES OF SURGERY AND CLINICAL RESEARCH
ISSN 2576-9537

Clinical Image

Large Cystic Dilatation of the Common Bile Duct

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We report the case of a 57-year-old woman, with no medical or surgical history with a BMI of 32 kg/m^2, who consulted for paroxysmal pain in the right hypochondrium that appeared a few months ago. Her general condition has not been affected.

Abdominal examination and laboratory liver tests were normal.

On hepatic MRI, cystic dilatation of the common bile duct (type Ia according to Todani Classification) with vesicular lithiasis was detected. The dilatation extended from the hepatic hilum downwards to the cephalic region of the pancreas and measured 80 mm in height and 67 mm in diameter (Figure 1).

The patient underwent laparotomic surgery; In comparison to the laparoscopic approach, laparoscopy is feasible despite not having the appropriate technical platform or expertise to perform it, especially given the extensive dilation; we have chosen laparotomy.

Intraoperatively, a 7 cm cystic mass was discovered that occupied the entire common bile duct (Figure 2).

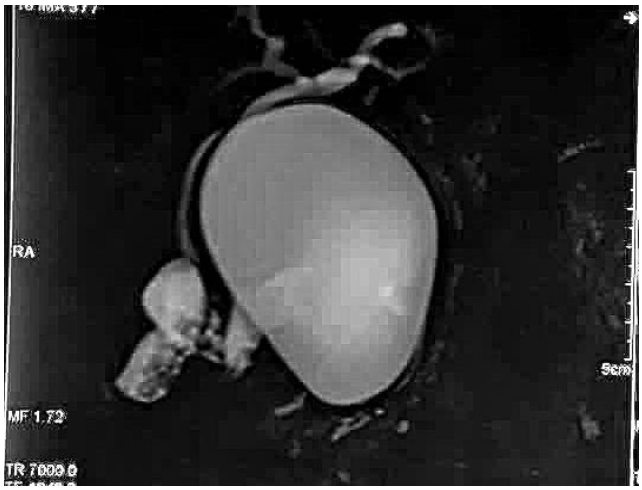

Figure 1: Hepatic MRI showing a cystic dilatation of the common bile duct, Type Ia according to Todani classification.

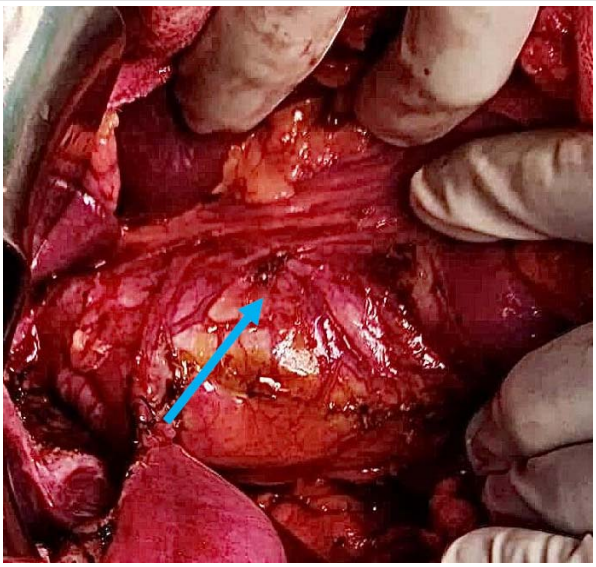

Figure 2: An intraoperative view showing the cystic dilatation of the common bile duct (blue arrow).

A cholecystectomy, total resection of the common bile duct, and bilio-digestive anastomosis were performed.

The operative follow-up was unfavourable, marked by a massive pulmonary embolism, which ultimately resulted in the death of our patient.

More Information

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Submitted: February 20, 2024
Approved: March 18, 2024
Published: March 19, 2024

How to cite this article: Gazzah H, Hadrich Z, Tlili Y, Hafsi M, Hajri M, et al. Large Cystic Dilatation of the Common Bile Duct. Arch Surg Clin Res. 2024; 8: 009-010.

DOI: 10.29328/journal.ascr.1001077

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Keywords: Congenital cystic dilatation; Common bile duct; Total resection

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Congenital cystic dilatation of the bile ducts is a rare condition that primarily affects women [1].

The Todani classification of bile duct cysts divides choledochal cysts into five groups [2]. It provides strategic orientation for management.

An abnormality of the biliary-pancreatic junction, often associated with type I dilatation, as in our case, is believed to promote carcinogenesis [3].

Complete surgical excision is the preferred treatment [4].

Consent for publication

Written informed consent was obtained from the patient for publication of this case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.

Ethical approval

Not applicable. Our institution requires no ethical approval for case reports.

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