CHOLEDOCHAL CYST: A CASE REPORT

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INTRODUCTION

Choledochal Cyst may be defined as a rare congenital dilatation of the common bile duct that is associated not infrequently with a congenital or acquired dilatation of the intrahepatic ducts. The condition predisposes to cholangitis, gallstones and carcinma, as well as to jaundice and portal hypertention. Without surgical treatment, it is universally fatal.[1]

CASE REPORT

A boy 3 yrs of age came to CNMU Rangpur, with the complaints of intermittent jaundice & upper abdominal pain. According to his parent's statement he was suffering from this problem for the last 1 year. Ultrasonographyt (USG) reveals cysic dilatation of the common bile duct (choledochal cyst) with non-dilated intrahepatic ducts (Fig-1). Then isotope scan of the hepatobiliary system was done in this centre. Which revealed choledchal chst with poor hepatobiliary excretion (Fig-2).

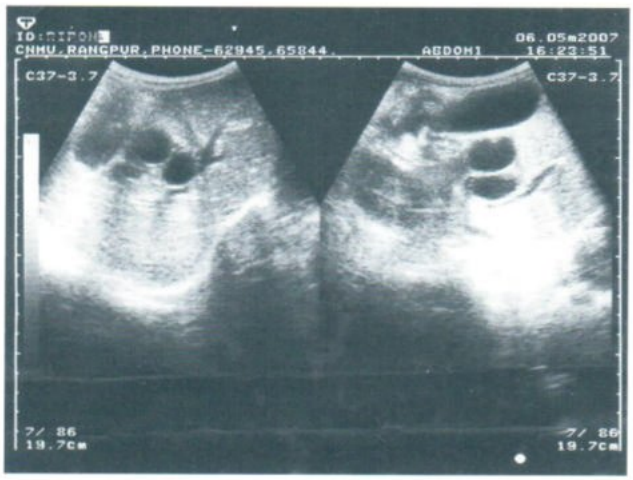

Fig. 1 Ultrasonography of the cystic lesion in upper abdomen.

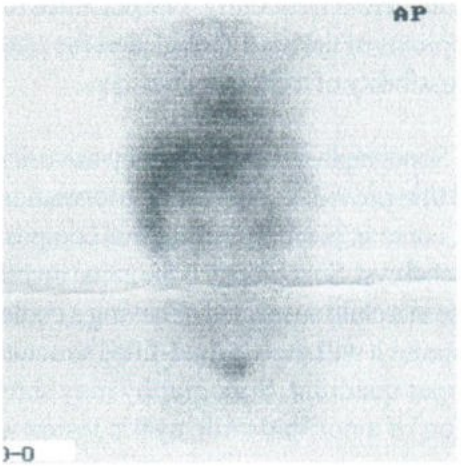

Fig. 2 Isotope scan of hepatobiliary system of the same patient showing choledochal cyst.

DISCUSSION

Choledochal cysts can be divided into four types-type-1, the most common form, consists of a fusiform dilatation of the common bile duct; type-2, the next common, consists of an eccentric diverticulum of the common bile duct; type-3, Choledococele and type-4, Caroli discase are very rare and are probably of different etiology.

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The incidence of choledochal cysts in females is four to five time greater than it is in males. Most cases of choledochal cysts present in childern less than 10 yrs. Old ; 30 percent, in infants under 1 year of age, a further 50 percent in children under 10 years of age, and most of the others in chidren between 10 and 16 yrs. of age.[2] Rarely, choledochal cyst is seen in fetal abdomen as early as 19 weeks of gestational age.[3]

The classic triad of episodic abdominal pain, jaundice, and a palpable right-sided abdominal mass may occur in 17 to 25 percent of patients, but some have found it less frequently. The persence of any of the symptoms of the triad should alert the physicians to the possibility of a choledochal cyst.

Sonography is a simple, noninvasive diagnostic method that provides substantial information about the size, contour, position and internal composition of choledochal cyst. Sonography is the intital investigation of choice in a child suspected of having a choledochal cyst, because it will show a fluid-filled structure in the right upper quadrant. Sonography may show deep extension of a non-pulsatile cystic lesion into the porta-hepatis with apparent separation of the right and left lobes of the liver. This finding is the most specific for large & small choledochal cysts.[2]

Hepatobiliary scintigraphy with 99^m technetium iminodiacetic acid (IDA) provides good images and is considered by some to be the investigation of choice. An initial filling defect in the liver followed by a gradual increase in the concentraiton of radioactivity in the cyst on serial scans is pathognomonic. Scintigaphy is also useful for demonstrating the patency of bile duct-bowel anastomosis after surgery.[1]

REFERENCES

1. Tan K.C. and Howard E.R., Congenital cysic dilatation of the biliary, In Wilkins R.A. & Nunnerley H.B. (eds.), Imaging of the liver, pancereas and spllen. Blackwell, London, 1990.
2. Stringer D. A., Pediatric gastro-intestinal imaging. Decker Inc. B. C. Philadelphia 1989.
3. Metreweli C., Obstetric imaging. In Pettersson H (ed.) A Global Textbook of Radiology 1995, Oslo.