Cystic Duct Tubular Adenocarcinoma

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A 48-year-old man had intermittent nausea and vomiting for 2 months. He visited a local hospital due to icteric skin. There was no associated abdominal pain or fever. Laboratory values were unremarkable except for an elevated bilirubin level (total bilirubin = 3.0 mg/dl). Abdominal sonography showed gallbladder stones and a common bile duct (CBD) lesion, so magnetic resonance

cholangiopancreatography was performed (fig. 1). A CBD tumor was found to be causing bilateral intrahepatic duct and common hepatic duct (CHD) dilatation. He received endoscopic retrograde biliary drainage, and a 10-cm stent was inserted into the CBD to resolve the obstructive jaundice. Two months later, he visited our hospital for a second opinion.

Fig. 1. **a** MRI located the tumor in the cystic duct and CBD. **b** Magnetic resonance cholangiopancreatography showed filling defects in the cystic duct and CBD.

Color version available online

Fig. 2. The specimen included the gallbladder (GB) and showed that the tumor involved the cystic duct, CHD and CBD.

We performed total CBD excision including the gallbladder with Roux-en-Y hepaticojejunostomy anastomosis. Final pathology report revealed cystic duct and CBD tubular adenocarcinoma. The margins of proximal CBD and distal CHD were free (fig. 2). Postoperative course was uneventful and the patient was discharged on postoperative day 9.

Tubular adenocarcinomas are extremely rare in the biliary tract [1, 2]. No definite treatment guidelines have been published. Surgery with R0 resection is highly recommended in this situation.

References

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- 2 Yu FC, Chen JH, Yang KC: Hepatobiliary cystadenoma: a report of two cases. *J Gastrointest Liver Dis* 2008;17:203–206.