Remarkable dilation of the common bile duct in an elderly patient

J. M. Costa[1], F. Costeira[2], F. Vieira[2], N. Dias[1], A. Ferreira[1]

(1) Department of Gastroenterology, Hospital de Braga, Portugal ; (2) Department of Radiology, Hospital de Braga, Portugal.

A 78-year-old male without relevant medical history was submitted to Endoscopic Retrograde Cholangiopancreatography (ERCP) for acute cholangitis. Prior abdominal CT scan showed excessively dilated common bile duct (CBD) of 35mm and no evidence of choledocholithiasis (Fig. 1a); an abrupt stop in the distal CBD suggesting malignant stricture was also seen (Fig. 1b). Duodenoscopic examination revealed a 20mm sized bulging nodular lesion with congestive and irregular mucosal surface at the major duodenal papilla (Fig.2); ERCP performed showed a distal stricture and CBD with 38mm diameter (Fig. 3).

What is your diagnosis?

Brush cytology confirmed an ampullary carcinoma. Biliary drainage was ensured with a metal stent.

Factors like age, cholecystectomy and chronic use of opioids lead to upper limit of CBD diameter beyond the normal 6mm (with an average of 7.39±1.64 mm). Dilated CBD is usually caused by an obstruction of the biliary tract by stones, benign strictures or tumors (usually periampullary or pancreatic tumors). CBD diameter above 11mm is strongly suggestive of obstruction by tumor and cholangiocarcinoma is associated to such high dilation rates of CBD. Based on known cases, this case represents the highest CBD dilation associated with ampullary carcinoma.

Despite recent development of diagnostic and therapeutic approaches, the tumor is a challenge with a poor survival rate with the ERCP being a safe and effective procedure in biliary obstruction management.

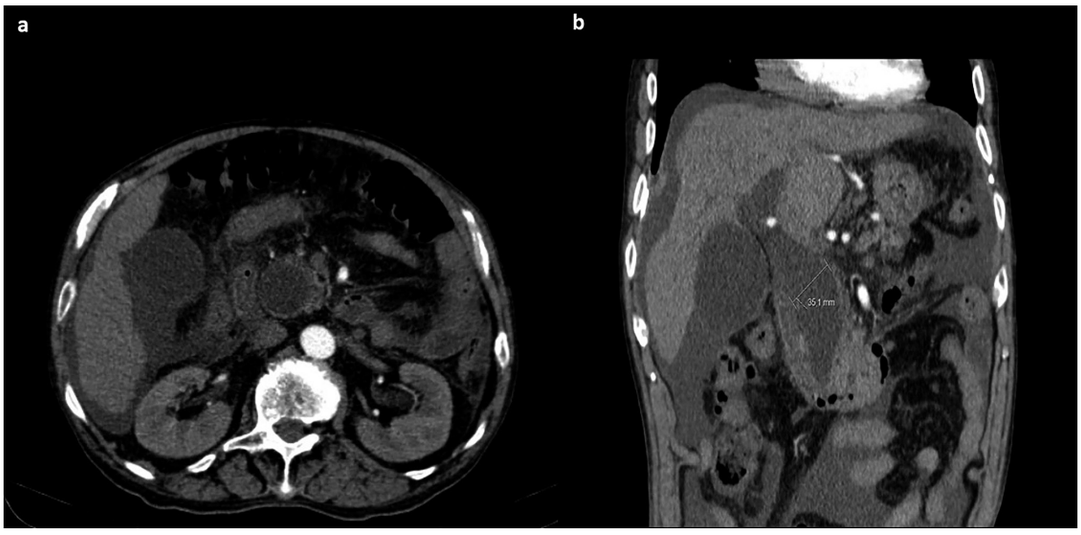

Figure 1 — Abdominal CT scan images in axial view (a) showed dilated CBD and no evidence of choledocholithiasis; in coronal view (b) showed dilatation of the CBD (maximum diameter of 35mm) with an abrupt stop suggesting malignant stricture etiology.

Correspondence to : Juliana M. Costa, MD., Department of Gastroenterology, Hospital de Braga, Portugal.Sete Fontes – São Victor, 4710-243 Braga, Portugal.
E-mail : julianamcosta87@gmail.com

Submission date : 04/04/2018
Acceptance date : 15/08/2018

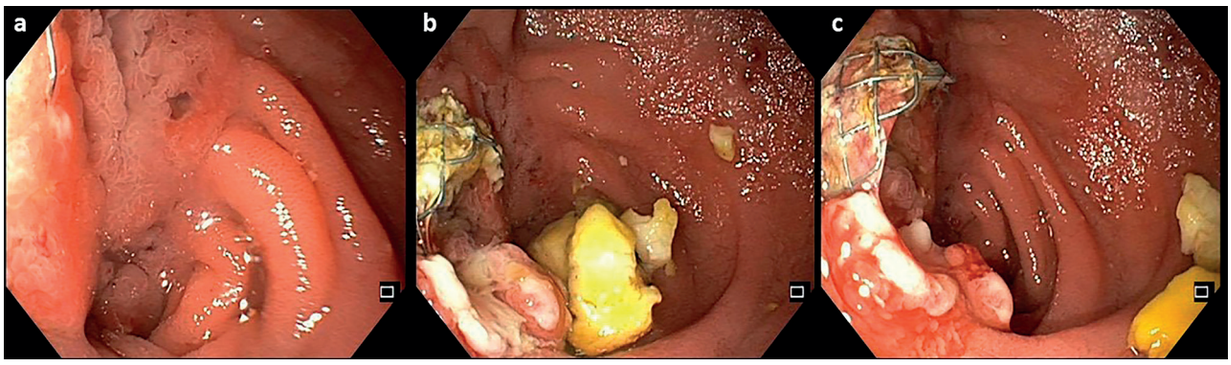

Figure 2 — Duodenoscopic examination revealed a 20mm sized bulging nodular lesion with congestive and irregular mucosal surface at the major duodenal papilla.

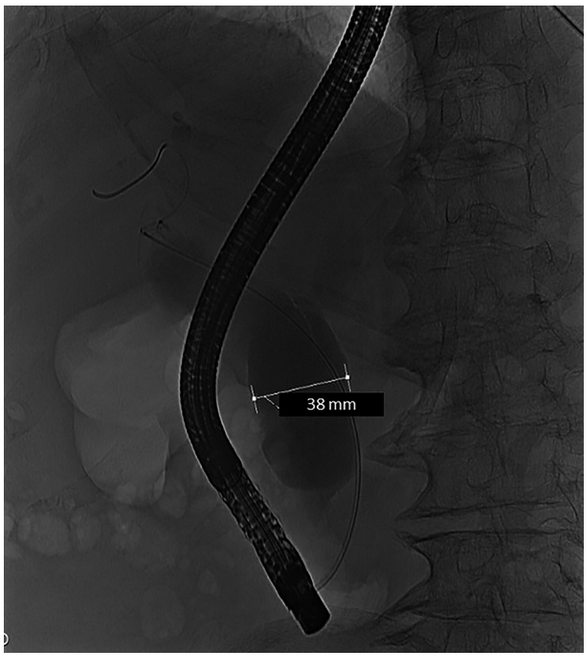

Figure 3 — ERCP showed infiltration of the ampulla of Vater by neoplastic tissue, distal stricture and a marked CBD with 38 mm of diameter.