Development of multiple peribiliary cysts following acute alcoholic hepatitis

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Received: 17 August 2009 / Accepted: 27 November 2009 / Published online: 25 July 2010
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A 65-year-old man, who was diagnosed with pre-cirrhotic, alcoholic liver disease at the age of 60, was admitted for acute alcoholic hepatitis. Laboratory data on admission were: AST 482 IU/L, ALT 141 IU/L, alkaline phosphatase 916 IU/L, γ -glutamyl transferase 1,609 IU/L, total bilirubin 9.2 mg/dL, albumin 2.9 g/dL, and prothrombin time 55% of normal. Contrast-enhanced abdominal computed tomography (CT) showed an enlarged liver with heterogeneous enhancement, which reflected widespread hepatic necrosis (Fig. 1). Because laboratory data tended to improve, the patient was observed with conservative therapy. 2T months later, a further CT scan revealed

multiple cystic lesions along large portal tracts, in addition to atrophic liver with ascites (Fig. 2).

Peribiliary cysts are retention cysts of peribiliary glands and are seen exclusively at the hepatic hilum and along the larger portal tracts. Their presence has been shown to be related to liver damage and regeneration [1]. Since most cases are associated with chronic liver disease and non-cirrhotic portal hypertension, it is speculated that disturbance of portal venous blood flow is in part responsible for the development of these cysts [2].

Fig. 1 CE CT shows hepatomegaly and enhanced heterogeneously in the portal phase

Fig. 2 CE CT shows multiple peribiliary cysts along large portal tracts

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