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IMAGE

Pedunculated extra hepatic biliary cystadenoma mimicking as a stone

An eighteen year old female presented with right upper quadrant pain and jaundice of six months duration. Physical examination revealed icterus and hepatomegaly. Bilirubin and alkaline phosphatase were elevated suggesting cholestasis. Ultrasound abdomen showed multiple gall stones with dilated intra-hepatic biliary radicals (IHBR) due to a mixed echogenic lesion in the common hepatic duct (CHD) suspicious of stone. Magnetic resonance cholangiopancreatogram showed dilated IHBR and hyper intense lesion within the CHD. With a provisional diagnosis of CHD stone, ERCP was done with therapeutic intention which revealed a well defined filling defect in the CHD suggestive of a calculus (Fig. 1). Attempts to remove the stone failed and she was taken up for open cholecystectomy and bile duct exploration. At surgery CHD was filled with a solid soft tissue lesion. Choledochotomy was done and a 5 cm oblong soft tissue lesion popped out of the choledochotomy wound. It was attached to the anterior wall of the CHD by a narrow base. The lesion was completely removed and a completion choledochoscopy was

done to confirm the clearance. Pathologist reported it as a mucinous cystadenoma

Cystadenomas of the biliary tract are rare entities that have predilection to affect middle age females.^{1,2} Hepatobiliary cystadenoma could be mistaken for hydatid cyst or choledochal cyst or simple liver cyst. Multiseptated cystic appearance is the classical radiological appearance of hepatobiliary cystadenoma.³ The case presented here is interesting as it was misdiagnosed as a stone. Misinterpretation of the lesion as a stone was due to the well encapsulated and pedunculated nature of the lesion that occupied the common hepatic duct with extension into the left ductal system. Pedunculated biliary cystadenoma has not been reported in the literature.

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Fig. 1 ERCP- an oblong filling defect in the common hepatic duct resembling a stone

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