

CHOLEDOCHAL CYST

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Choledochal cysts are congenital dilatations of the intra- and/ or extrahepatic biliary system. The pathogenesis is unclear. Anomalous insertions of the biliary-pancreatic junction are frequently observed, but whether or not these play a role in the pathogenesis of the condition is unclear. Todani and colleagues proposed a classification of cystic disease of biliary tract (Figure 71.24). Patients may present at any age with jaundice, fever, abdominal pain and a right upper quadrant mass on examination; 60% of cases are diagnosed before the age of 10 years. Pancreatitis is not an infrequent presentation in adults. Patients with choledochal cysts have an increased risk of developing cholangiocarcinoma, with the risk varying directly with the age at diagnosis. Takuji Todani, b. 1931, Department of Surgery, Okayama University Medical School, Okayama, Japan, modified Alonso-Lej's classification of choledochal cysts in 1977. USG confirms the presence of an abnormal cyst and magnetic resonance imaging (MRI)/MRCP will reveal the anatomy, in particular the relationship between the lower end of the bile duct and the pancreatic duct. CT is also useful for delineating the extent of intra- or extrahepatic dilatation. Radical excision of the cyst is the treatment of choice, with reconstruction of the biliary tract using a Roux-en-Y loop of jejunum. Complete resection is important because of an association with the later development of cholangiocarcinoma. Resection and Roux-en-Y reconstruction is also associated with a reduced incidence of stricture formation and recurrent cholangitis. Type III needs endoscopic management with sphincterotomy. It should be accompanied by biopsy of the cyst epithelium to exclude dysplasia in symptomatic cases and in young patients without symptoms.

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