

TUMOURS OF THE BILE DUCT

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Benign neoplasms such as papilloma, adenoma, papilloma - tosis, leiomyoma and neural and endocrine tumours causing biliary obstruction are uncommon and may be an incidental finding. For symptomatic patients, the duration of symptoms may vary from a few days to months. Intraductal papillary neoplasm of the bile duct Intraductal papillary neoplasm of the bile duct (IPNB) is a rare variant of bile duct tumours characterised by papillary growth within the bile duct lumen with ductal dilatation. It is regarded as the biliary counterpart of an intraductal papillary - mucinous neoplasm of the pancreas. IPNBs display a spectrum from premalignant lesions to invasive cholangiocarcinoma. The most common radiological findings are bile duct dilatation and intraductal masses. USG, CT and MRI are usually performed to assess tumour location and extension. Cholangioscopy can confirm the histology and assess the extent of the tumour, including superficial spread along the biliary for surgical resection in a manner similar to that for other types of intrahepatic cholangiocarcinomas and extrahepatic bile duct carcinomas, i.e. major hepatectomy with or without extrahepatic bile duct resection.

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