Images in Clinical Medicine

A 7-year-old girl with giant congenital biliary dilatation

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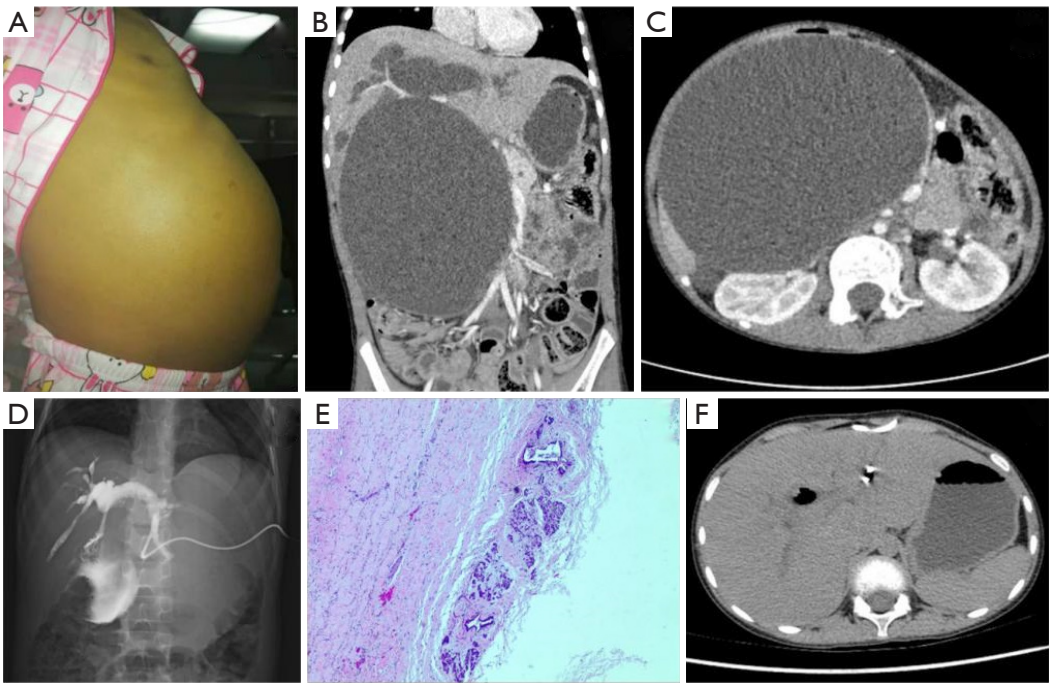
A 7-year-old girl presented to our out-patient clinic with complaints of abdominal mass and pain with yellowish skin for over 3 months. The patient was also accompanied by clinical manifestations such as nausea and vomiting, skin itching and clay-colored stools. She denied any past history of gastrointestinal bleeding or trauma. Examination revealed a non-tender swelling as it moved with breathing (Panel A). Laboratory tests were as follows: alanine aminotransferase (ALT): 318 U/L, aspartate aminotransferase (AST): 345 U/L, total bilirubin (TBIL): 311.2 μmol/L, direct bilirubin (DBIL): 149.6 μmol/L, albumin (ALB): 30.8 g/L, alkaline phosphatase (ALP): 3,928 U/L, K: 3.1 mmol/L, Na: 131.8 mmol/L, amylase (AMY): 174 U/L, lipase (LIP): 203 U/L. CT/MRI of the abdomen showed a cystic hypodense lesion in the intrahepatic bile duct with a maximum cross-sectional area of approximately 15.0 cm × 12.0 cm, which was considered to be a congenital choledochal cyst (Panels B,C). The patient underwent a transhepatic percutaneous cholangial drainage (PTCD) to relieve bile pressure and improve liver function at the first (Panel D). Subsequently, the patient underwent a laparoscopic excision of choledochal cyst + cholangiojejunostomy + cholecystectomy. Histopathological examination indicated biliary dilation. The deposition of mucous bile pigments and the infiltration of lymphocytes were correlated with changes in chronic inflammation (Panel E). One month after the operation, a CT scan showed normal abdominal appearance (Panel F).



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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Written informed consent was obtained from the patient for publication of this manuscript and any accompanying images.

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