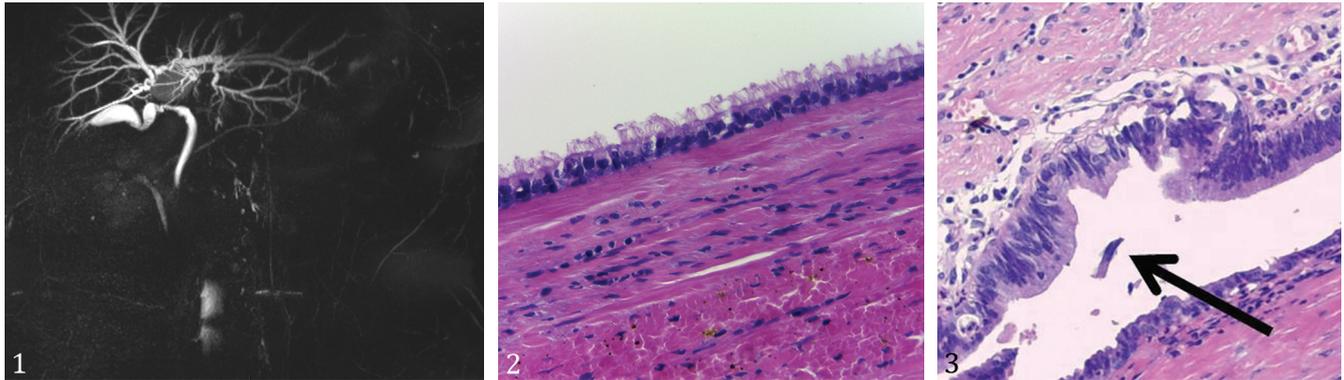


A Rare Case of Ciliated Foregut Cyst of the Common Hepatic Duct

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A 56-year old female was referred for pain in the right hypochondrium and epigastric area with associated jaundice. The blood analysis detected hyperbilirubinemia (total bilirubin of 12.7 mg/dL with conjugated bilirubin of 11.27 mg/dL) with moderate cholestasis. Magnetic resonance cholangiopancreatography (MRCP) showed a cystic lesion with a diameter of 3 cm which communicated with intrahepatic biliary ducts at the level of the hepatic hilum (Fig. 1). The patient underwent central intrahepatic resection of the cyst, the hepatocholedoc duct and the gallbladder. A Roux-en-Y hepaticojejunostomy was performed. The microscopic examination showed that the cyst was lined with ciliated, pseudostratified epithelia, typical for respiratory type mucosa (Fig. 2, H&E 10x). The epithelial lining demonstrated positivity for cytokeratin 7 (CK7). The common hepatic duct associated epithelial erosions (Fig. 3, H&E 10x, arrow) and focal lesions of BillIN1 (low grade biliary intraepithelial neoplasia).

Foregut cysts are lesions arising from multipotent cells localized ectopically, with cystic appearance. They can be situated anywhere in the respiratory or digestive system, with a predilection for the structures situated above the diaphragm. The epithelial lining of these lesions can be of respiratory, gastric, intestinal or squamous type or combinations of those. Ciliated foregut cysts located below the diaphragm are rare, more frequently described in the liver [1, 2], pancreas [3] and gallbladder [4], with very scarce literature for foregut cysts located at the level of the common hepatic duct [5, 6]. Type II choledochal cyst is the main differential diagnosis of a foregut cyst.

Ciliated foregut cysts are generally considered benign (in contrast with type II choledochal cysts that have the risk of malignant transformation) and surgical resection is

recommended mainly to relieve the patients symptoms due to the intermittent biliary obstruction.

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