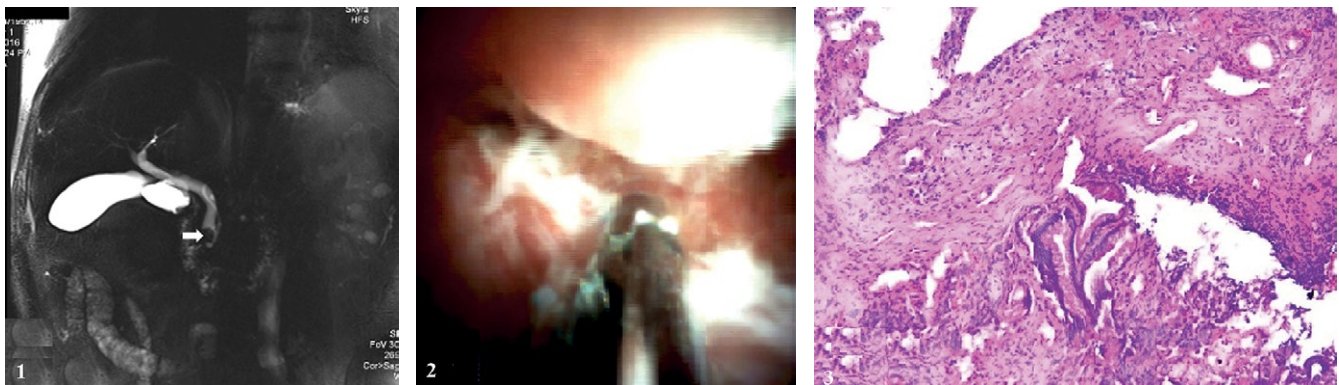


Cholangioscopy using the SpyGlass System for a Rare Cause of Obstruction: Inflammatory Polyp of the Common Bile Duct

Theodor Voiosu, Monica Ionita, Andrei Voiosu, Andreea Bengus, Cristiana Popp, Bogdan Mateescu

Colentina Clinical Hospital, Bucharest, Romania



The most common causes of common bile duct (CBD) obstruction are bile duct stones and benign or malignant strictures. There are only a few reports of benign tumors of CBD, including adenomas, papillomas or polyps [1-3]. Cholangioscopy is a useful tool in the evaluation of tumors in the CBD, permitting an increased diagnostic yield of ERCP and the avoidance of potentially unnecessary surgical interventions [2]. We describe the case of a solitary inflammatory polyp in the common bile duct causing CBD obstruction.

A 64-year old male patient was admitted for the evaluation of a mass in the distal bile duct. He had been initially admitted to another hospital with pain in the right upper abdominal quadrant and his initial evaluation revealed mild cholestasis and CBD dilatation by ultrasound. Contrast-enhanced computed tomography showed a non-lithiasic, hypodense obstructive process of the CBD suspicious for distal cholangiocarcinoma; therefore, the patient was referred to our clinic.

When the patient presented at our clinic, he was asymptomatic and the laboratory tests showed persistent mild cholestasis. MRCP identified a dilated CBD, measuring 12 mm, a normal ampulla of Vater and a filling defect in the distal CBD (Fig. 1). ERCP examination identified an intraductal mass in the distal common bile duct. Sphincterotomy was performed to allow cholangioscopy using the SpyGlass system. A large polyp was visualized in the distal CBD, and was biopsied with a SpyBite forceps (Fig. 2).

Histopathological evaluation diagnosed an inflammatory polyp of the bile duct, with no atypical cells (Fig. 3, H&E x100). At one month follow-up, the patient was asymptomatic and liver function tests were normal.

Inflammatory polyps of the CBD are a rare occurrence and understanding of their origin and evolution is limited. Our case illustrates the utility of a cholangioscopy with targeted biopsies in the assessment and characterization of the tumors in the CBD.

Corresponding author: Theodor Voiosu, theodor.voiosu@gmail.com

Conflicts of interest: None to declare.

REFERENCES

1. Kim HJ, Park DH, Ryu CH, et al. New appearance of a snowman-like, polypoid lesion on the major duodenal papilla in a patient with relapsing autoimmune pancreatitis. *Gastrointest Endosc* 2011;74:923-924. doi:[10.1016/j.gie.2011.06.018](https://doi.org/10.1016/j.gie.2011.06.018)
2. Uchida Y, Ome Y, Shimata K, et al. Inflammatory polyp in the common bile duct with pancreaticobiliary maljunction. *Case Rep Gastroenterol* 2015;9:88-92. doi:[10.1159/000381306](https://doi.org/10.1159/000381306)
3. Bondestam S, Kivilaakso EO, Standertskjöld-Nordenstam CG, Holmström T, Hästbacka J. Sonographic diagnosis of a bile duct polyp. *AJR Am J Roentgenol* 1980;135:610-611. doi:[10.2214/ajr.135.3.610](https://doi.org/10.2214/ajr.135.3.610)