



Image of the month

Bilateral Intrahepatic Bile Duct Compression by Giant Non-parasitic Hepatic Cyst: A Rare Cause of Obstructive Jaundice[☆]



Compresión bilateral de vías biliares intrahepáticas por quiste hepático no parasitario gigante: una causa infrecuente de ictericia obstructiva

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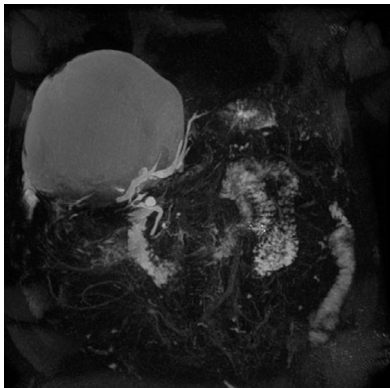


Fig. 1

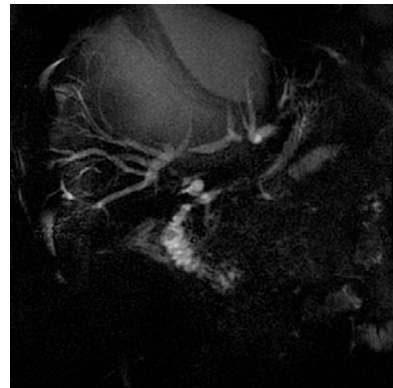


Fig. 2

The patient is an 84-year-old male who came to the emergency room with jaundice. His medical history included: alcoholism 40 g/day, DMNID, alcoholic hepatic cirrhosis (Child–Pugh class A), hepatic cyst in LHD and cholecystectomy due to acute cholecystitis (September 2014). Blood work showed: BT: 12.7 mg/dL; BD: 8.2 mg/dL; GGT: 761U/L; FA: 572U/L; INR: 1.31; creatinine: 0.94 mg/dL and albumin: 2.9 g/dL (MELD: 19). Magnetic resonance cholangiopancreatography detected a giant hepatic cystic lesion measuring 21×18×15 cm (Figure 1), that led to a mass effect on the right and left intrahepatic bile ducts (Figure 2) and peripheral dilation. The extrahepatic duct was normal. Treatment involved percutaneous drainage, which produced a serous liquid (2000 ml) that was negative for malignant cells and microorganisms. The patient's progress was favorable and showed reduction in the size of the cyst and bile duct dilation, as well as gradual disappearance of the jaundice. The patient was discharged to outpatient follow-up.

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