Duplication of the Extrahepatic Bile Duct with a Benign Stricture

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Picture 1.

Picture 2.

Picture 3.

Picture 4.

A 50-year-old woman presented with epigastralgia. A blood examination showed liver dysfunction. The IgG4 level was within the normal limits. CT (Picture 1) revealed a thickened wall of the extrahepatic bile duct. ERCP (Picture 2) showed paired extrahepatic bile ducts with a stric-

ture. Intraductal ultrasonography (IDUS, Picture 3) demonstrated a regularly thickened wall of each duct with a layer structure. A biopsy and cytology of the strictured portion did not show malignancy. A nasobiliary tube was placed in the right intrahepatic bile duct through one of the paired bile

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ducts. Oral steroids were administered for two weeks, and the stricture of the extrahepatic bile duct resolved (Picture 4).

Our case is rare and was classified as a type V duplication of the extrahepatic bile duct (1). If the serum IgG4 level is elevated, making the diagnosis of bile duct stricture as benign is not difficult. In patients with a normal IgG4 level, steroid administration can contribute to the diagnosis.

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Reference

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