**IS1-05 Choledochal cyst & systemic lupus erythematosus**

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A 16-year-old female diagnosed with systemic lupus erythematosus (SLE) when 14 was referred after an attack of abdominal pain she had had since childhood. Steroid pulse therapy (initially 60 mg/day prednisolone, reducing to 22.5 mg/day at referral) was started for CNS lupus when 15. On presentation, her abdomen was distended with guarding. Computed tomography showed a widely dilated common bile duct (CBD) suggestive of cystic type choledochal cyst (CC). Because of steroids, she was treated conservatively with antibiotics. Over 2 weeks, total/direct bilirubin (T/D-bil) fell from 1.50/0.89 to 0.44/0.21. In preparation for surgery, prednisolone was reduced to 10 mg/day over 11 months, but, at 13 months, she had pain, cholangitis (T/D-bil: 8.61/5.85 mg/dL), and pancreatitis (amylase: 300IU/L); CRP: 11.8 mg/dL that resolved with external biliary drainage. At laparotomy for CBD excision and Roux-en-Y hepaticojejunostomy under steroid cover, the CBD was so densely adhered that the anterior wall of the CC was incised transversely to facilitate dissection of the posterior wall from surrounding vital structures, and mucosectomy was performed on the pancreatic side. Postoperatively, she had pneumonia (day 2) and wound infection that required antibiotics/tube drainage (day 12). She was discharged on day 17. Histopathology identified severe inflammation around a dilated CBD. She is currently well after 2 years without complications. To the best of our knowledge this is the first report of CC treated surgically without complications in a patient with SLE.