LETTER TO THE EDITOR

Aberrant Sectoral Biliary Duct Encountered Retrospectively on MRCP with Postoperative Collection

Sir,

Right posterior sectoral duct (RPSD) joining cystic duct is an extremely rare intra-hepatic biliary variant in the normal population. A 35-year lady during MRCP, presented to Dow University of Health Sciences (DUHS), Pakistan with the symptoms of obstructive jaundice, dyspepsia, nausea, and vomiting after laparoscopic cholecystectomy. The serum laboratory tests revealed raised alkaline phosphatase, gamma glutamyl transferase levels, and 3.0 mg/dl of direct bilirubin. The suspicion was slipped residual gall stone obstructing common bile duct (CBD); another possibility was that it stricture. The MRCP acquisition showed drainage tube tip seen in the sub-hepatic region with minimal peri-hepatic free fluid. There was significant dilatation of the CBD, (1.2 cm in diameter), and of biliary radicals. Abrupt narrowing was identified in mid-CBD. About 1 cm of mid CBD was not visualised. Distal CBD appeared normal in caliber. The possibility of a short segment biliary stricture, likely ischemic in etiology, due to excessive cauterisation in the surgical field was considered. A cystic area was identified in the region of gallbladder fossa, measuring approximately. On close look, it was noted that segment V and VI bile radicals were draining into anomalous RPSD communicating with that “postoperative collection” (Figures 1 and 2), which was actually a cystic duct stump. The patient subsequently underwent percutaneous trans-hepatic cholangiography (PTC) for external drainage of the biliary system and confirmation of findings. This case highlights the importance of screening pre-operative MRCP necessary for patients with gallstones, as the query was raised by Qiu, Rao, and their colleagues in their research studies with the same theme. This case highlights the importance of screening pre-operative MRCP before cholecystectomy as a mandatory investigation, not only to diagnose choledocholithiasis, but also to diagnose intra-hepatic and extra-hepatic biliary duct complex variations, which, if known to the surgeon, can prevent excessive morbidity.

In the study of 224 patients by Sarawagi et al, RPSD was draining into the cystic duct in only 0.8% of subjects.

It is confessed in this case that RPSD joining cystic duct was missed during gall bladder resection, and was identified and analysed retrospectively on MRCP, because its an extremely rare and unexpected finding. Our discussion faces the question: Is preoperative MRCP necessary for patients with gallstones, as the query was raised by Qiu, and their colleagues in their research studies with the same theme. This case highlights the importance of screening pre-operative MRCP before cholecystectomy as a mandatory investigation, not only to diagnose choledocholithiasis, but also to diagnose intra-hepatic and extra-hepatic biliary duct complex variations, which, if known to the surgeon, can prevent excessive morbidity.

CONFLICT OF INTEREST:
Authors declared no conflict of interest.

AUTHOR’S CONTRIBUTION:
MH: Made substantial contributions to the design of the work; drafted the work and revised it critically for important intellectual content.

REFERENCES


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