

**Title:**

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**A degenerate Todani Ia choledochal cyst in a patient with pancreas divisum**

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*Dear Editor,*

We read attentively the article by Gómez-Sánchez J et al. (1) about a case of a non-degenerate Todani Ia choledochal cyst. However, the potential for degeneration should be considered in patients with these congenital lesions.

**Case report**

We report the case of a 72-year-old male patient with cholangitis. Magnetic resonance (MR) cholangiography (Fig. 1A) and abdominal computed tomography (CT) revealed a mass at the biliary-pancreatic-duodenal crossroads, extrahepatic biliary dilation up to 38 mm and pancreas divisum. Gastroscopy identified an infiltrative bulbar mucosa (biopsy consistent with adenocarcinoma) and extrinsic bulging of the second portion of the duodenum (Fig. 1B). Endoscopic ultrasonography identified a choledochal cystic dilation with solid contents (non-specific fine-needle aspiration cytology [FNAC]).

ERCP confirmed an adenomatous papilla at the lower portion of the extrinsic formation and a large cystic, saccular dilation of the extrahepatic biliary tract (Todani Ia) (Fig. 1C). Although the papilla was cannulated, the guidewire could not pass

through the cystic formation into the proximal biliary tract. Therefore, a fistulotomy was performed. Attention was drawn to the extruding polypoid formations that originated in the biliary epithelium (Fig. 1D); the histological analysis of the biopsy was compatible with an adenoma with dysplasia. A 10 Fr plastic stent was put in place to ensure adequate bile drainage. Finally, a diagnosis of advanced adenocarcinoma in a choledochal cyst was made and chemotherapy was initiated. The evolution was torpid and the patient died three months later.

## **DISCUSSION**

Biliary cysts are associated with biliopancreatic maljunction, which results in pancreatic juice reflux into the bile duct. This is thought to be the cause and a factor involved in their degeneration (2). Our patient had a degenerate choledochal cyst and pancreas divisum. Fewer than ten well-documented cases have been reported of pancreas divisum that coexist with a biliary cyst in adult patients. A causal relationship has never been established between these two conditions (3). The possibility of malignant degeneration should never be disregarded in a choledochal cyst.

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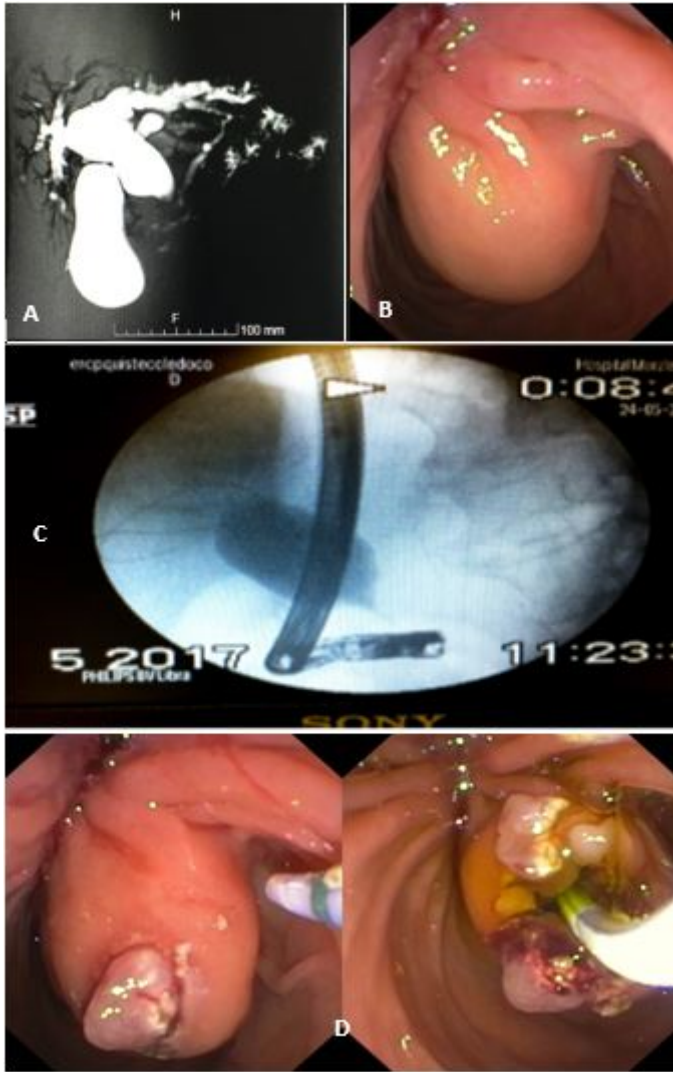


Fig. 1. Todani Ia choledochal cyst.