

Title:

Remaining cist syndrome in a cholecystectomy patient confirmed by conlangiography

Authors:

Sara Pérez Moyano, Lorena Morillo Blanco, Julio Guilarte López-Mañas

DOI: 10.17235/reed.2021.7989/2021

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:

Pérez Moyano Sara, Morillo Blanco Lorena, Guilarte López-Mañas Julio. Remaining cist syndrome in a cholecystectomy patient confirmed by conlangiography. Rev Esp Enferm Dig 2021. doi: 10.17235/reed.2021.7989/2021.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Remaining cist syndrome in a cholecystectomy patient confirmed by conlangiography

Sara Pérez Moyano, Lorena Morillo Blanco, Julio Guilarte López-Mañas

FEA Medicina Interna. UGC Medicina Interna, Especialidades Médicas y Cuidados Paliativos.
Hospital Comarcal de Baza. Baza, Granada

Correspondence: sara.perez.moyano.sspa@juntadeandalucia.es

Keywords: Post-cholecystectomy syndrome. Cystic stump syndrome. Biliary dyskinesia.

Dear Editor,

A 59-year-old man with cholelithiasis and choledocholithiasis and biliary obstruction due to enolic chronic pancreatitis treated via cholecystectomy, ERCP, and a fully coated biliary metal stent for 6 months, 7 years ago. He attended the emergency department due to progressive jaundice and abdominal pain. An abdominal ultrasound showed a "non-distended gallbladder with a 12 mm lithiasis and biliary mud with dilatation of the intrahepatic (IBD) and extrahepatic (EBD) bile duct". Given the inconsistency between the findings and the history, ERCP was performed where the cholangiography corroborated the dilatation of the IBD and proximal EBD with lithiasic content and stricture of the intrapancreatic common bile duct. A low-insertion dilated cystic duct was filled, whose proximal portion increased in volume, acquiring the appearance of a neo-vesicle (cystic duct remnant syndrome). A plastic biliary stent was inserted after the duct was cleaned.

DISCUSSION

5-15% of patients undergoing a cholecystectomy present symptoms similar to those described above, referred to as postcholecystectomy syndrome. The causes are classified, according to the appearance of symptoms, into early (cystic duct remnant syndrome or CDRS, alteration of the bile duct or bile leakage) or late (alteration of the biliary structure, residual lithiasis in the cystic duct remnant or its inflammation, papillary stenosis, etc.). CDRS has a prevalence of less than 2.5% and is defined as a residual cystic duct remnant of more than 1 centimetre in length that can cause symptoms if there is lithiasis within it, due to the distension of the remnant, which may be accompanied by analytical alterations. This duct is detected by means of imaging

tests, of which cholangiography is the method of choice. The treatment can comprise extracorporeal lithotripsy or be performed directly via cholangioscopy, although surgical treatment via laparoscopy is the treatment of choice. Our patient is awaiting surgery and re-evaluation of the intrapancreatic choledochal stricture in the event that a new coated metal stent is required.

REFERENCES

1. Márquez J, Medina JA, Martínez Y, "et al". Síndrome del muñón cístico: ¿quimera o realidad?. *Cir Esp*. 2014; 92 (7) 492-503. DOI: 10.1016/j.ciresp.2013.04.020
2. PriyanK S Chatra. Cystic duct remnant: a area cause for post-cholecystectomy syndrome. *BJR Case Rep*. 2018; 4 (1): 20170043. DOI:10.1259 / bjrcr.20170043
3. Ruíz-Clavijo D, Vila J, Prieto C, "et al". Síndrome del muñón cístico como causa de síndrome postcolecistectomía. *Gastroenterología y hepatología*. 2016; 39 (10) 722-724
4. Perera E, Shweta B, Vikran S. Cystic Duct Remanant Syndrome. *J Clin Imaging Sci*. 2011; 1:2. DOI 10.4103 / 2156-7514.73500

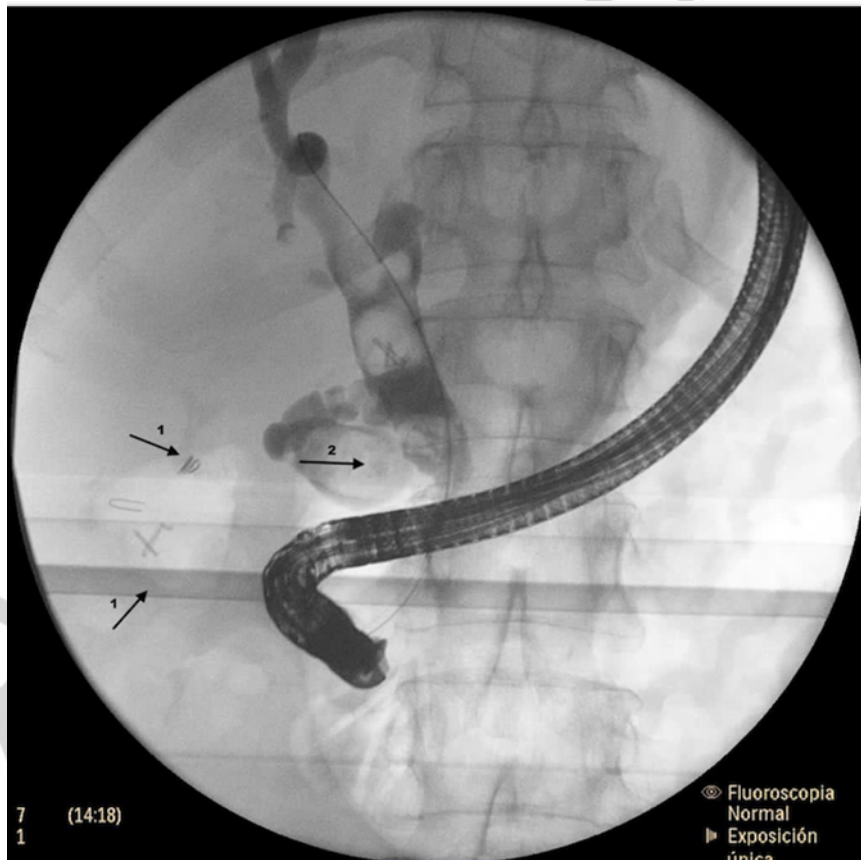


Figure 1. Cholangiography. 1. Remnant cystic walls (“neo-vesicle”). 2 Remanent cystic filling with lithiasis inside

Accepted Article