



(peribiliary glandular tissue)

(necroinflammatory change)

가

(portal tract)

(peribiliary cyst)

CEA, CA19 - 9

(peribiliary glandular tis -

sue)

(1).

(2, 3).

(Fig. 1A).

(hepatic confluence)

CT

(2 - 9)

가

(CT)

(Fig. 1B).

(ERCP)

가

57

가

4

가

(Fig. 1C).

3

가

가

, r - GTP, ALP, ALT/AST

가

1 - 2 cm

가

1
2
3

2001 8 2

2001 9 20

(Fig. 1D).

mm 1 -

2 cm

(Fig. 1E).

가

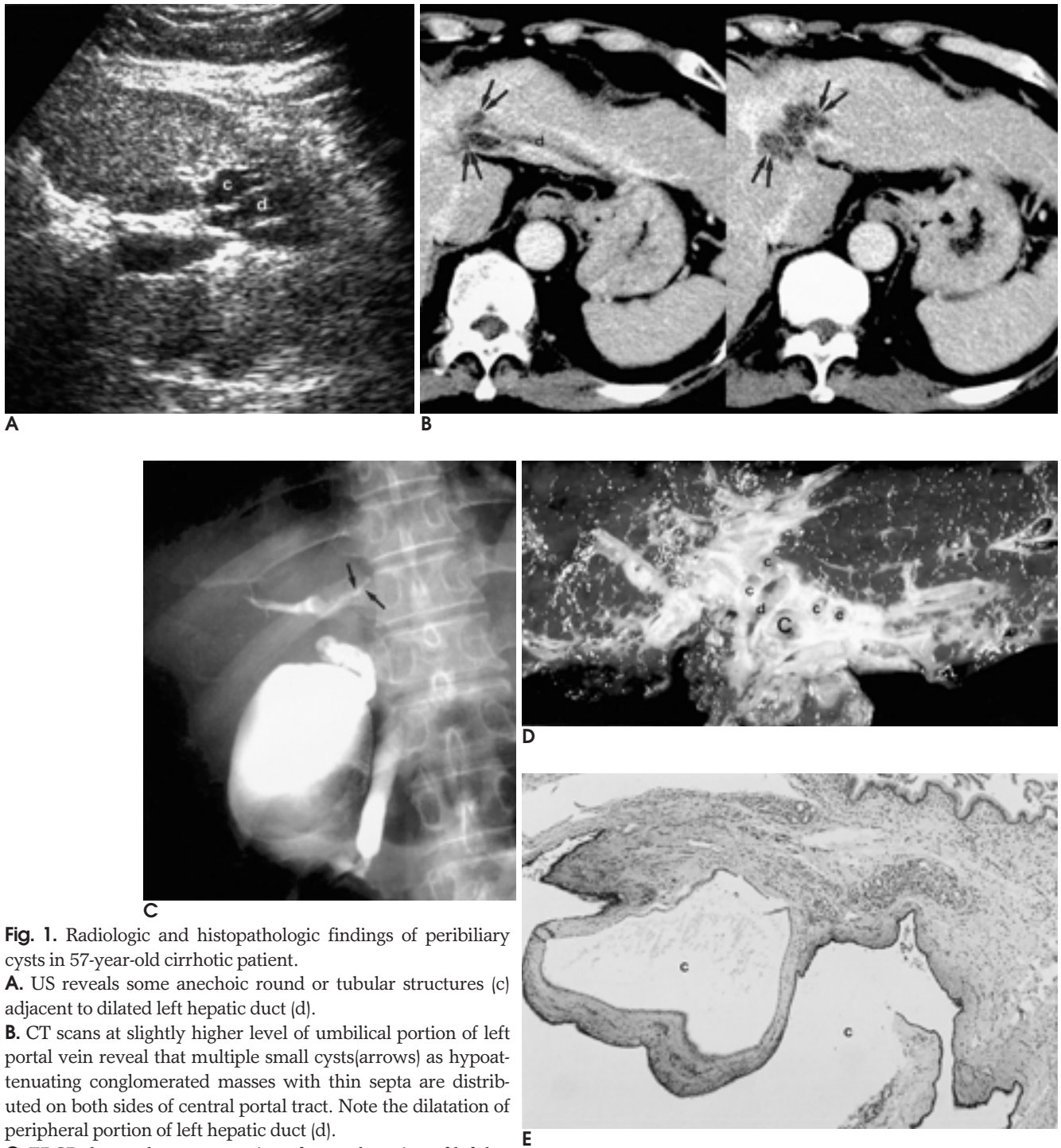


Fig. 1. Radiologic and histopathologic findings of peribiliary cysts in 57-year-old cirrhotic patient.

A. US reveals some anechoic round or tubular structures (c) adjacent to dilated left hepatic duct (d).

B. CT scans at slightly higher level of umbilical portion of left portal vein reveal that multiple small cysts (arrows) as hypoattenuating conglomerated masses with thin septa are distributed on both sides of central portal tract. Note the dilatation of peripheral portion of left hepatic duct (d).

C. ERCP shows abrupt narrowing of central portion of left hepatic duct (arrows) and non-visualization of peripheral portion of left hepatic duct.

D. Cross section of the liver shows multiple cysts (c) clustered within the large portal tracts close to the hepatic confluence, with large cyst (C) narrowing the proximal left hepatic duct (d).

E. Microscopy shows the smaller cysts (c) lined with a layer of cuboidal epithelium are located in peribiliary tissues.

가 (4, 6, 10).
가
1984 Nakanuma (1).
(cavernous transformation)
(hepatic hilum) 가 CT
(hepatic hilar mm 2.5 cm
(mucinous hamartoma of bile
cyst) duct)
(retention cyst) 가 (confluent linear
가 tube) (string of bead) (linear cluster)
(1).
(necroinflammation) ERCP CT (cholangiographic contrast -
enhanced CT)가 (7).
(4, 10). , periportal collar
(3). CT가 ERCP
가 (5).
3
CT
CT
2 cm
1 - 4
ERCP
(intramural and extramural)
(conduit) Terada (10)
1,000 20%, 가 가 가
50%
(extramural peribiliary gland) (8), CT
(von Meyenburg
complex)
(4) 73%
CT,
(1 - 4)
5% 가

가

(2, 3). Terayama (6)
가
가

가

가

가

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Peribiliary Cysts with Intrahepatic Bile Duct Obstruction: A Case Report¹

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Peribiliary cysts involve cystic dilatation and necroinflammatory change in the peribiliary glandular tissue of the larger biliary tree in association with portal hypertension or severe hepatobiliary disease. They are usually asymptomatic and found incidentally. However, rare cases causing symptoms or the mass effect of bile duct compression require differential diagnosis. They may be benign or malignant lesions resulting from narrowing of the bile duct and involving dilatation of the proximal intrahepatic bile duct. We recently encountered a case of peribiliary cysts associated with intrahepatic duct dilatation, and confirmed by surgery, and present the imaging and pathologic findings. Sonography and CT revealed the presence of multiple cystic lesions along the hepatic hilum, and the larger left portal tract and left intrahepatic ducts were dilated. Histopathologic examination indicated that the cysts were compressing the central bile duct.

Index words : Bile ducts, enlarged
Liver, cysts
Liver, CT
Liver, US

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