



2 (CT)

13 - 38% (1).

가 2 가 7 10 가 가 가 가 가 (Fig. 2A, B). CT

(Fig. 2C).

2 가 CT

1 17 가 3

(Fig. 1A). CT

가 (Fig. 1B).

Babitt

(2). 가 (3)

가 (4) 가

23.2 mg/dl 가

10 - 58%

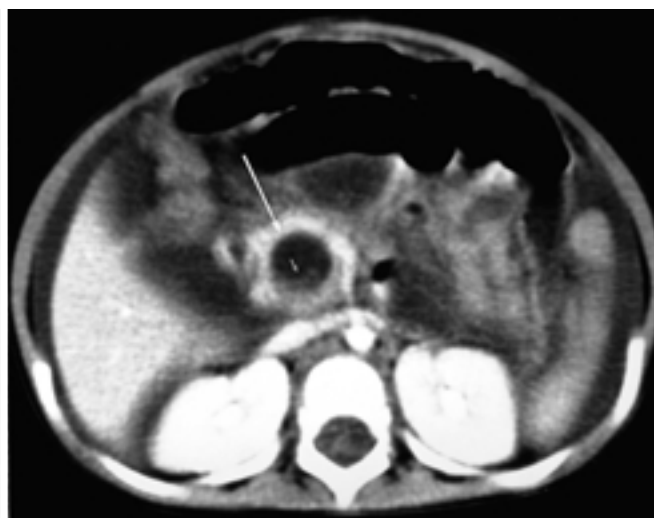
(4). 2 가

(Fig. 1C)

가 (5). (3), 2
가 .
(6). 가 (3), 2 가
1.8 - 2.8% (7, 8). 가 가
(9). 가 가 (10).
가 가
(9). 가 가
CT . (5). 가
(9). 2 20
가 가



A



B



C

Fig. 1. A. Longitudinal sonogram of right upper quadrant shows a dilated common bile duct (thin arrow) with sludge (thick arrow). Multi-focal fluid collections are in pericholedochal area. B. CT scan shows a dilated common bile duct (long arrow) with sludge (short arrow). C. Operative Cholangiography shows extravasation of contrast material into peritoneal cavity (arrow).

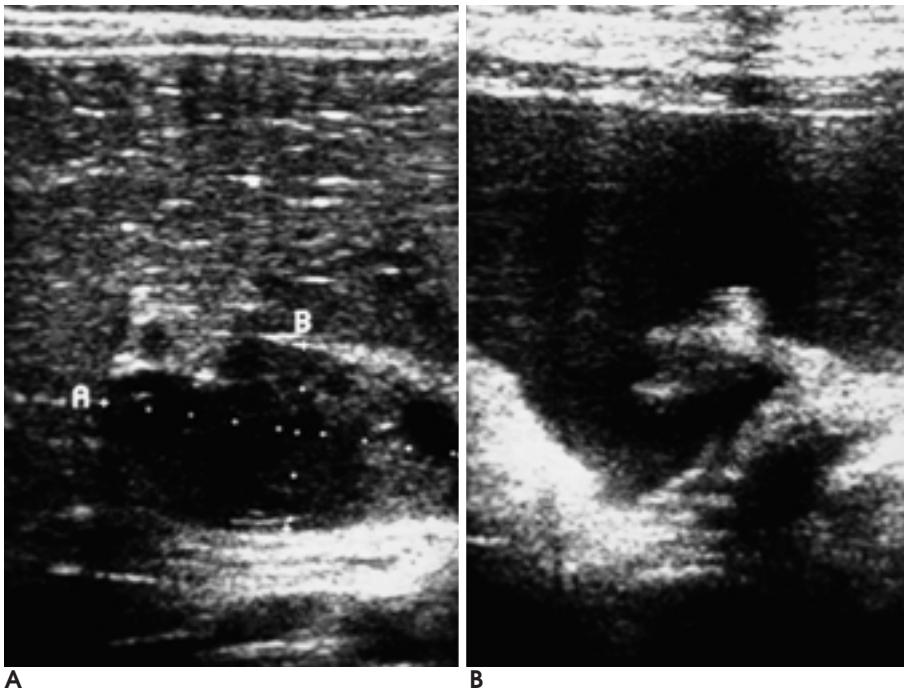
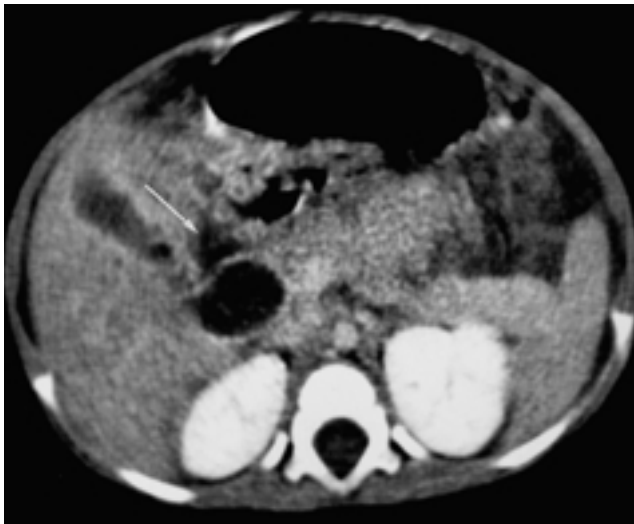


Fig. 2. A. Longitudinal sonogram of right upper quadrant shows cystic dilatation of common bile duct (A:2.2 cm, B:0.8 cm) containing echogenic sludge. **B.** Transverse sonogram of mid abdomen shows large amount ascites with thick echogenecity in the peritoneal cavity. **C.** CT shows cystic dilatation of common bile duct with anterior pericholedochal fluid collection (arrow). The GB is not distended.



가

C

(6, 7).

가

CT

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Spontaneous Rupture of Choledochal Cyst: Case Report¹

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Spontaneous rupture of a choledochal cyst leading to biliary peritonitis is a rare complication which can be fatal if not promptly diagnosed. The authors report the ultrasound and CT findings of two cases of spontaneous choledochal cystic rupture and the biliary peritonitis which ensued.

Index words : Bile ducts, cysts
Bile ducts, rupture

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