Common bile duct polyp: an infrequent cause of jaundice and biliary obstruction

The most common etiology of common bile duct (CBD) obstruction is bile duct stones; less common causes include biliary polyps and intraductal papillary neoplasms of the bile duct (IPNB). Initially described by Nakamura et al. [1] in 2010, IPNB is defined as a pedunculated mass with intraluminal growth exhibiting significant malignant potential that can subsequently lead to cholangiocarcinoma. We present the case of a 75-year-old woman with a history of jaundice and mild abdominal pain. Computed tomography and magnetic resonance cholangiopancreatography showed circumferential thickening of the proximal CBD and left hepatic duct (►Fig. 1, ►Fig. 2).

Liver function tests confirmed a cholestatic pattern, with total bilirubin of 7.4 mg/dL, direct bilirubin of 5.3 mg/dL, alkaline phosphatase of 475 IU/L, and normal CA 19.9 level. Cholangioscopy revealed a single whitish papillary mass with a regular surface, located between the proximal CBD and left hepatic duct, obstructing approximately 80% of the biliary lumen (►Video 1). Multiple samples were obtained using SpyBite forceps (Boston Scientific, Marlborough, Massachusetts, USA). Histological analysis confirmed the presence of an IPNB with high grade dysplasia (►Fig. 3, ►Fig. 4). The patient underwent left hepatectomy. The surgical specimen demonstrated a 17-mm lesion with biliary papillary epithelium, involvement of the left hepatic duct, and no evidence of invasive carcinoma (►Fig. 4).

Biliary polyps are classified as IPNBs. Given their potential to cause obstructive jaundice and cholangitis, as well as a high malignant potential, IPNBs must be treated surgically [2, 3]. Our case under-
scores the value of performing cholangioscopy with targeted biopsies for the assessment and characterization of CBD tumors.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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