Adenomas arising in a choledochocele are usually resected surgically because they are difficult to completely remove endoscopically and they are associated with a high malignancy potential [1/C177]. We successfully performed an endoscopic snare resection for choledochocele-associated villous adenoma with high-grade dysplasia.

A 76-year-old woman was admitted complaining of epigastric pain lasting for several days. Duodenoscopy revealed a soft cystic-mass-like lesion covered with normal mucosa above the ampulla of Vater (Fig. 1). Intraductal ultrasound showed an anechoic cystic mass with diffuse wall thickening and preserved wall layer (Fig. 2). Magnetic resonance cholangiopancreatography showed an oval-shaped cystic mass above the ampulla of Vater. A major endoscopic sphincterotomy was conducted. Following sphincterotomy, duodenoscopy revealed mucosal nodules on the inner surface of the choledochocele (Fig. 3).

Histopathologic findings of the biopsy specimen showed an adenoma with high-grade dysplasia (Fig. 4). Because the patient wanted to undergo an endoscopic treatment, we performed a wire-guided endoscopic snare resection for the choledochocele with the adenoma (Fig. 5, Video 1).

During the 1-year follow-up duodenoscopy, no remnant or recurrence of the adenoma was found. The surgical approach may be too invasive for a choledochocele with adenoma. Itoi et al. [3] performed a balloon-catheter-assisted endoscopic snare resection using a double-channel duodenoscope for choledochocele. We attempted to perform a wire-guided endoscopic snare resection using the previously reported method for adenomas of the major papilla [4]. En bloc resection was successfully achieved without any procedure-related complications or residual tumor. In conclusion, endoscopic snare resection may be a feasible and effective solution for selected patients with choledochocele associated with a villous adenoma.
Fig. 4  Histopathologic findings of the biopsy specimen (hematoxylin and eosin stain, × 200).

Fig. 5  Endoscopic view for the wire-guided endoscopic snare resection.

Fig. 6  Histopathologic picture of the endoscopic resected specimen showing villous adenoma (hematoxylin and eosin stain, × 10).

References


J. K. Park¹, J. H. Moon¹, H. K. Kim¹, H. J. Choi¹, J. H. Kang¹, H. K. Kim², B. M. Ko¹, Y. D. Cho¹, M. S. Lee¹, C. S. Shim¹

¹ Digestive Disease Center, Department of Internal Medicine, Soon Chun Hyang University School of Medicine, Bucheon and Seoul, Korea
² Department of Pathology, Soon Chun Hyang University School of Medicine, Bucheon, Korea

Corresponding author
J. H. Moon, MD, PhD
Soon Chun Hyang University School of Medicine
Digestive Disease Center
Soon Chun Hyang University Bucheon Hospital
1174 Jung-Dong
Wonmi-Ku
Bucheon 420-767
Korea
Fax: +82-32-6215080
jhmoon@schbc.ac.kr

Endoscopy 2009; 41: E78 – E79
© Georg Thieme Verlag KG Stuttgart - New York
ISSN 0013-726X