

Endoscopic treatment of a solitary hamartomatous polyp in the intrahepatic biliary duct

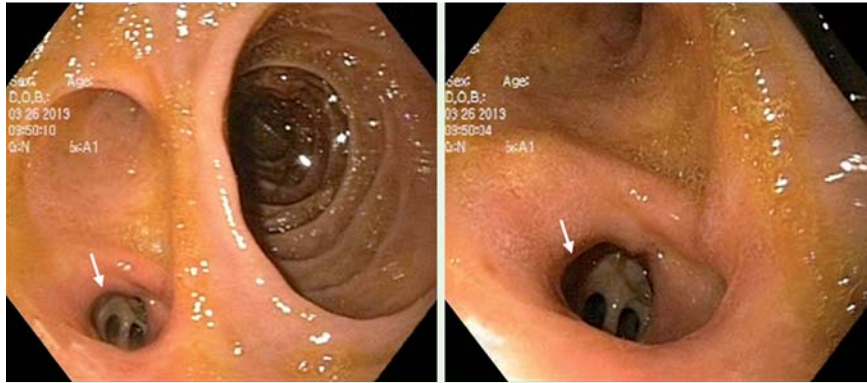


Fig. 1 Endoscopic finding of the surgical anastomosis and opening of a hepaticoduodenostomy (white arrow).

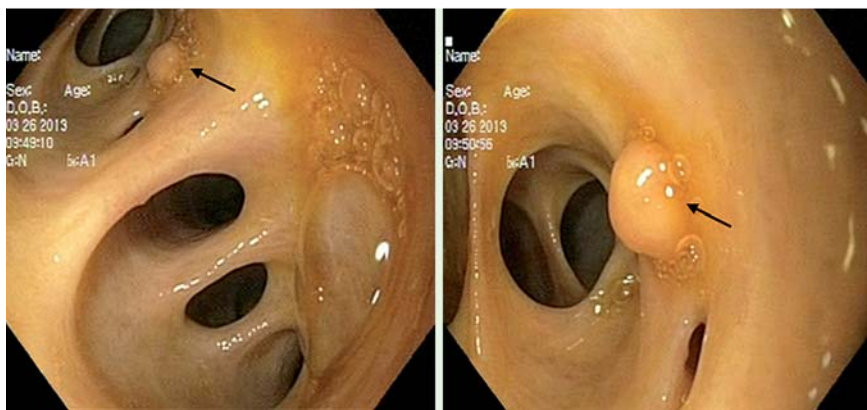


Fig. 2 Upper gastrointestinal endoscopy view showing a hamartomatous polyp (black arrow) in the intrahepatic biliary duct.

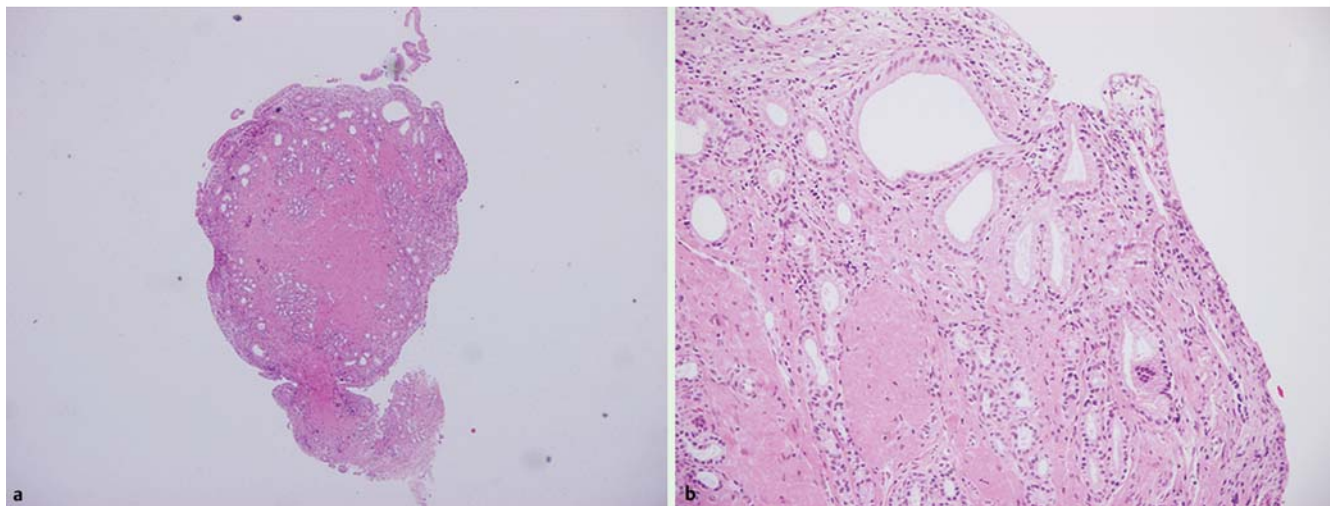


Fig. 3 Hamartomatous polyp in the intrahepatic biliary duct. **a** The section shows a polypoid structure consisting of a central fibrous stroma, surrounded by columnar epithelium; bile ducts with preservation of the lobular pattern are observed in the central fibrous stroma (hematoxylin and eosin, magnification $\times 40$). **b** Polypoid tissue: surface is lined by columnar-type epithelium and contains minimally dilated glands (hematoxylin and eosin, magnification $\times 400$).

Hamartomatous polyps are usually found as part of Peutz–Jeghers Syndrome (PJS) and are uncommon, but occasionally a solitary hamartomatous polyp may develop in an otherwise healthy patient [1]. Hamartomatous polyps may appear commonly in the stomach, small bowel, or colon, with hamartomatous features on histology [2, 3]. Polyps at extraintestinal sites such as the gallbladder, nose, uterus, urinary tract, and respiratory tract, are rarely found in patients with PJS [2–4]. A recent case report described a sessile hamartomatous polyp in the second duodenal portion occupying the region of the ampulla of Vater [5]. To the best of our knowledge, hamartomatous polyps in the intrahepatic biliary duct have not been reported to date in the English literature. We describe the case of a solitary hamartomatous polyp in the intrahepatic biliary duct.

A 54-year-old man presented with epigastric pain. On physical examination, there was epigastric tenderness but other system examinations were normal. Physical examination revealed no evidence of mucocutaneous pigmentation. No other members of his family had any abnormal pigmentation, intestinal polyposis, or notable medical problems. The patient had previously undergone cholecystectomy. His laboratory tests were normal. A sonographic examination of the patient showed air in the intrahepatic biliary duct. The patient was referred for upper gastrointestinal endoscopy, during which a surgical anastomosis with the opening of a hepaticoduodenostomy was observed (Fig. 1). A polyp measuring 3 mm in

diameter in the intrahepatic biliary duct was also observed (● Fig. 2). The polyp was completely removed by cold biopsy forceps. The histological findings of the polyp were indicative of hamartomatous polyp (● Fig. 3).

To the best of our knowledge, this case is the first published report of a solitary hamartomatous polyp in the intrahepatic biliary duct.

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Competing interests: None

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