Gastroscopic snare polypectomy for cystic duct adenoma: a rare occurrence

Cystic duct adenoma is an uncommon disease. Appropriate therapeutic strategies have not been clearly defined. Surgical resection is often recommended [1–4]. Recently, endoscopic procedures for biliary papillomatosis were reported, such as endoscopic papillary balloon dilation, argon plasma coagulation, photodynamic therapy, endoscopic retrograde biliary drainage, and intraluminal brachytherapy with iridium-192 [5–9]. However, it is difficult to achieve complete resection and the recurrence rate is high. We report on a patient diagnosed with cystic duct adenoma who presented with recurrent cholangitis and was treated with a snare polypectomy using a gastroscope.

A 61-year-old woman was admitted to our hospital with intermittent upper abdominal pain and fever. An abdominal computed tomography scan, magnetic resonance cholangiopancreatography, and endoscopic ultrasound showed a dilated intrahepatic biliary system and common biliary duct (CBD), with a hyperechoic mass floating at the upper CBD (● Fig. 1). Endoscopic retrograde cholangiopancreatography showed the dilated intrahepatic and extrahepatic biliary tree, with no filling defects or stenosis. The arrow points to the balloon rather than a filling defect.

Endoscopic retrograde cholangiopancreatography revealed the dilated intrahepatic and extrahepatic biliary tree, with no filling defects or stenosis. The arrow points to the balloon rather than a filling defect.

After the procedure, the patient experienced no further abdominal pain or fever.

Fig. 1 Endoscopic ultrasound found a hyperechoic mass, floating at the upper common bile duct (CBD), not invading the CBD wall and with an intact endoluminal choledochal surface.

Fig. 2 Endoscopic retrograde cholangiopancreatography revealed the dilated intrahepatic and extrahepatic biliary tree, with no filling defects or stenosis. The arrow points to the balloon rather than a filling defect.

Fig. 3 Excessive mucinous discharge from the papilla of Vater.

Fig. 4 A forward-viewing gastroscope showed much mucus and a 2-cm exophytic adenomatous lesion in the cystic duct and protruding into the hepatic and common bile ducts.

Fig. 5 Gastroscopic snare polypectomy performed in a woman with a cystic adenoma.
During the 3-month follow-up period, the patient was asymptomatic with normal liver function test findings and no recurrent cholangitis.

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**Competing interests:** None

**Fig. 5** Endoscopic removal of biliary tubulovillous adenoma. A Piecemeal intraductal snare polypectomy was performed under direct visualization. B The adenoma was resected completely, leaving a clean base.

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**References**


**Bibliography**

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