Choledochoscopic radiofrequency ablation for congenital choledochal cysts

A 47-year-old man with obstructive jaundice for 20 years consulted our hospital. Magnetic resonance cholangiopancreatography (MRCP) and endoscopic retrograde cholangiopancreatography (ERCP) demonstrated saccular dilatations of the intraductal adenoma. However, a complete resection of dilated intrahepatic bile ducts is not a straightforward procedure, so the risk of developing cancer is high. Recently, RFA has become a potential new tool in the management of malignant biliary disease. The use of RFA as a primary treatment for intraductal adenoma has been reported. To our knowledge, this is the first report describing the use of RFA in a patient with congenital choledochal cysts, and the first time choledochoscope-assisted RFA has been performed. Therefore, choledochoscopic RFA is a feasible treatment for congenital choledochal cysts.

Competing interests: None
Fig. 4 Views during choledochoscopy showing: a the granular lesions before treatment; b ablated tumor with reddish coagulated mucosa immediately after the first radiofrequency ablation (RFA).

Fig. 5 Views during further choledochoscopies showing: a persistent reddish mucosa 2 weeks after the second RFA application, the edges of the ablated mucosa being hard to identify; b persistent granular lesions 2 months after the second RFA application, although the hyperemia and edema of the duct membrane have improved compared to the pretreatment image (Fig. 4a).

References


