Diagnostic utility of digital cholangioscopy for dislodged bile duct tumor thrombus of hepatocellular carcinoma

Bile duct tumor thrombus (BDTT) of hepatocellular carcinoma (HCC) is rare, and making a differential diagnosis from bile duct cancer is often challenging [1]. We present a rare case of HCC with BDTT mimicking hilar bile duct cancer, which could be diagnosed by a new digital cholangioscopy system (SpyGlass DS; Boston Scientific Corp., Marlborough, Massachusetts, USA) [2].

A man in his 60s was admitted because of jaundice. His medical history was unremarkable. Liver enzyme and bilirubin levels were elevated. Computed tomography revealed an intraductal tumor lesion from the right hepatic duct to the common hepatic duct, with intrahepatic bile duct dilatation. Liver cirrhosis and liver cyst were also detected, with absence of hepatic tumor. Initially considered based on these findings. However, intraductal ultrasonography revealed that the bile duct wall was regular; thus, cholangioscopy was performed.

In the common hepatic duct stricture, a mold-like tissue fragment was seen within the bile duct lumen with regular bile duct wall (Video 1); removal was attempted by using basket and balloon.
catheters. Subsequently, many tissue fragments were discharged into the duodenum and were collected through the scope (▶Fig. 4).

After endoscopic extraction and naso-biliary drainage, no stricture was detected from the left hepatic duct to the common hepatic duct, but the right hepatic duct stricture persisted (▶Fig. 5). Tissue pathological findings revealed HCC with necrotic background. Thus, we diagnosed a BDTT of the right hepatic duct that dislodged into the common hepatic duct.

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Competing interests

None

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