Pyogenic granuloma of the common bile duct in a patient with choledochoduodenostomy

Pyogenic granuloma is a polypoid form of capillary hemangioma that occurs mostly on the skin and the mucous membranes of the nasal and oral cavities [1]. Although pyogenic granuloma in the digestive tract excluding the oral cavity is a rarity, it can cause significant gastrointestinal bleeding, and curative resection is required for treatment in most cases [2]. We describe a case of pyogenic granuloma of the common bile duct (CBD) that was observed on endoscopy and was successfully treated by endoscopic snare polypectomy.

A 69-year-old woman was admitted to our hospital with a 1-day history of right upper quadrant pain. She had a history of cholecystectomy and CBD exploration with side-to-side choledochoduodenostomy and recurrent attacks of cholangitis. On endoscopic retrograde cholangiography (ERC) using an Olympus duodenoscope (JF-240; Olympus Optical Co., Tokyo, Japan), the CBD was cannulated with a balloon catheter through the wide stoma of the side-to-side choledochoduodenostomy (Fig. 1 a) and the CBD visualized. A nonmovable, small, round filling defect was noted in the dilated distal CBD (Fig. 1 b). Because of the wide stoma of the choledochoduodenostomy and the dilated CBD, it was possible to insert a forward-viewing endoscope (Olympus GIF-Q260; Olympus Optical Co.) through the stoma into the distal CBD. This showed a semipedunculated, smooth polypoid lesion that was 5 mm in diameter, hyperemic, and dark red in the distal CBD, with a tinge of blood on its surface (Fig. 2 a). The lesion was removed by snare polypectomy without any complications (Fig. 2 b). On the basis of histopathological analysis of the resected tissue (Fig. 3), the lesion was diagnosed as a pyogenic granuloma. To the best of our knowledge, this is the first reported case of pyogenic granuloma in the bile duct.

Endoscopy_UCTN_Code_CCL_1AZ_2AC
Endoscopy_UCTN_Code_CCL_1AZ_2AN
Fig. 3  a Histological section of the resected specimen showing proliferation of small capillary-sized blood vessels and surface ulceration, accompanied by lymphocytic infiltration in the intervening stroma (hematoxylin and eosin, original magnification, ×200). b Immunohistochemical staining for CD31 shows strong positivity in endothelial cells lining the small blood vessels (original magnification, ×400).

C. K. Lee¹, S. H. Dong¹, S. H. Jung¹, J. Y. Jang¹, H. J. Kim³, B. H. Kim³, Y. W. Chang¹, R. Chang¹, Y. W. Kim²

1 Division of Gastroenterology and Hepatology, Department of Internal Medicine, Kyung Hee University, School of Medicine, Seoul, Korea
2 Department of Pathology, Kyung Hee University, School of Medicine, Seoul, Korea

References

Bibliography
Endoscopy 2007; 39: E282–E283
© Georg Thieme Verlag KG Stuttgart - New York
ISSN 0013-726X

Corresponding author
S. H. Dong, MD, PhD
Division of Gastroenterology and Hepatology, Department of Internal Medicine, Kyung Hee University Hospital, Hoegi-Dong 1, Dongdaemun-Gu, Seoul, 130-702, Korea
Fax: +82-2-9681848
gidrdong@chol.com

Endoscopy 2007; 39: E282–E283