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 duodenscope (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. 1a) and the CBD visualized. A nonmovable, small, round filling defect was noted in the dilated distal CBD (Fig. 1b). 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. 2a). The lesion was removed by snare polypectomy without any complications (Fig. 2b). 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.

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Fig. 1 a Duodenoscopic findings of a wide stoma in the side-to-side choledochoduodenostomy in the duodenum (arrow). b Endoscopic retrograde cholangiogram showing dilated distal common bile duct with a nonmovable, small, round filling defect (arrow).

Fig. 2 a Endoscopic view of the polypoid lesion in the distal common bile duct. b No residual lesion in the distal common bile duct after endoscopic snare polypectomy.
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References

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).