

Introduction

Cholangiocarcinoma (CCA) is a malignancy of the biliary tree, composed of epithelial cells and presents insidiously.

Endoscopic retrograde cholangiopancreatography (ERCP) is used in the diagnosis and treatment of biliary strictures and malignant biliary obstruction.

Case Description

- A 42-year-old man with a 9-month history of cholestatic-pattern of liver test elevation, presented for evaluation of abnormal liver tests, persistent pruritus, intermittent abdominal pain.
- Prior to presentation, patient was being treated for presumed drug-induced liver injury (DILI) with a cholestatic pattern of liver injury.
- Physical examination revealed significant for generalized pruritis, jaundice, and right upper quadrant abdominal pain
- Liver biopsy revealed ductular proliferation with periportal fibrosis and a neutrophil-rich portal infiltrate suggestive of a large duct obstruction.
- Magnetic resonance cholangiopancreatography (MRCP) revealed a high-grade stricture involving the common hepatic duct (CHD) with intrahepatic duct dilation
- An initial ERCP with SpyGlass was performed with visualization of the CHD stricture, which was dilated, biopsied and stented. Biopsy results revealed intestinal metaplasia.
- A repeat ERCP was completed due to continued abdominal pain and revealed a 40 mm stricture in the CHD with the mucosa appearing friable, ulcerated, and nodular with masses suspicious for CCA. Biopsy resulted in inflammation without malignancy.
- Repeat ERCP and endoscopic ultrasound (EUS) revealed prior CHD stricture, an irregular, spiculated mass in the CHD. Biopsy results revealed benign epithelium.
- The patient was referred for surgical evaluation but it was deferred due to multiple benign tissue samples and the risk of surgery.
- Ultimately, he was discharged and underwent an exploratory laparotomy in Houston and was found to have a CCA.

Cholangiocarcinoma requires a high-degree of suspicion even in the setting of multiple negative ERCP's and may require exploratory laparotomy for definitive diagnosis.

Discussion

Cholangiocarcinoma (CCA) is the most common primary hepatic malignancy. Imaging can assist in the identification of CCA, but confirmation is with tissue biopsy. Tissue is obtained through endoscopic means or open surgical resection. In this case, multiple ERCP-guided biopsies revealed benign tissue, but found to have CCA after exploratory laparotomy. When diagnostic imaging and procedures fail to establish a diagnosis, the physician must rely on their own expertise and knowledge to identify the underlying cause.



Deeply ulcerated, friable and strictured mucosa identified via SpyGlass in the common hepatic duct.