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# Remnant cystic duct cholangiocarcinoma mimicking hepatic pedicle lymph node

Short title

## Remnant cystic duct cholangiocarcinoma

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A 72-year-old woman with prior laparoscopic cholecystectomy 15 years before for lithiasis was referred to the gastroenterology department for incidentally found increased liver enzyme serum level. Abdominal ultrasound examination revealed intra- and extra-hepatic bile duct dilatation and a well-delineated, homogeneous, hypoechogenic, small mass adjacent to the hepatic pedicle, initially considered as a lymph node. Computed tomography (CT) showed similar features (Fig. 1). Magnetic resonance imaging confirmed presence of an oval, well-delineated mass, adjacent to surgical clip, compressing the main bile duct with dilatation of intrahepatic bile ducts. The mass displayed restricted diffusion and moderate enhancement after intravenous administration of a gadolinium chelate. The shape and location of this single mass suggested extrahepatic cholangiocarcinoma of the remnant cystic duct. CT showed no findings consistent with distant spreading. Histopathological analysis of biopsy samples obtained during endoscopic ultrasound revealed well-differentiated cholangiocarcinoma. After duodenopancreatectomy, histopathological analysis of resected specimen confirmed involvement of cystic duct remnant by a cholangiocarcinoma in association with high-grade, biliary intraepithelial neoplasia and type 2 intraductal papillary neoplasm of the bile duct, without perineural, lymphovascular invasion or metastatic lymph nodes, and uninvolved surgical resection margin (R0 resection). Adenocarcinoma developed in a remnant cystic duct is a rare entity, with only a few reported observations [1]. This diagnosis should be considered in the presence of a mass adjacent to surgical clip after cholecystectomy in association with a stenosis of the main bile duct.

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## **Informed consent and patient details**

The authors declare that this report does not contain any personal information that could lead to the identification of the patient(s).

## **Disclosure of interest**

The authors declare that they have no competing interest.

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## **Author contributions**

All authors attest that they meet the current International Committee of Medical Journal Editors (ICMJE) criteria for Authorship.

## References

1. Do JH, Choi YS, Ze EY. Adenocarcinoma developed from remnant cystic duct after cholecystectomy. *BMC Gastroenterol* 2014;14:175.

## Legends for figure

**Figure 1.** 72-year-old woman who developed adenocarcinoma of the remnant cystic duct 15 years after cholecystectomy. A, CT image obtained after intravenous administration of iodinated contrast material in the coronal plane shows a soft tissue mass (arrow) abutting surgical clip (small arrow), compressing the main bile duct resulting in intrahepatic bile duct dilatation. B, T2-weighted HASTE MR image (TR/TE = 1200/85 msec) in the axial plane shows a soft tissue mass (arrow) filling the main bile duct (arrowhead). C, MR cholangiography image (TR/TE = 1200/622 msec) in the coronal plane shows hypointense mass (arrowheads) with filling defect of the main bile duct simulating intraluminal, main bile duct tumor. D, Photograph shows specimen after surgical resection (hematoxylin-eosin stain). The intraductal tumor involves the remnant cystic duct (red arrow). Arrow indicates the main bile duct.

