

Clinical Image

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An Unusual Case of Cholestasis and Gastrointestinal Bleeding: Hepatic Cysts

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Clinical image description

An 84-year-old man presented to our hospital with abnormal liver function tests. He had a medical history of hepatic cysts which increased progressively in volume over time. Physical examination revealed the distended abdomen with a palpable tender mass in the right upper quadrant. Liver function tests were in keeping with a cholestasis, with a gamma-glutamyl transpeptidase of 684 IU/L (normal range, 10-60 IU/L), and alkaline phosphatase of 224 IU/L (normal range, 45-125 IU/L). Computed tomography scan of the abdomen revealed multiple hepatic cysts with the maximum size of 11.9 × 8.2 cm (Figure 1A), and also demonstrated multiple cysts in the kidneys. Magnetic resonance cholangiopancreatography (MRCP) showed a hepatic cyst compressing the bile duct in the hilar region and dilated intrahepatic ducts (Figure 1B, arrow), and a normal common bile duct. Subsequently, endoscopic retrograde cholangiopancreatography (ERCP) was performed and the cholangiogram revealed obstruction of the left hepatic duct at the confluence (Figures 2, arrowhead) and stricture of the common hepatic duct proximal to bifurcation (Figures 2, arrow). Hence, a biliary stent was placed. After the procedure, liver function was obviously improved. 1 month later, unfortunately, the patient experienced hematemesis and hematochezia. Angiography showed the contrast medium of the middle hepatic artery flowing into the biliary system (Figure 3, arrow). Accordingly, hemobilia was suspected as the cause of hematemesis and hematochezia, and transarterial embolization was subsequently performed. Multiple hepatic cysts are not rare anomalies, which can represent isolated anomalies or be a part of a polycystic disease complex most common in autosomal dominant polycystic kidney disease (ADPKD) [1], however, cholestasis and hemobilia due to hepatic cysts is extremely rare. Unfortunately, 2 days after surgery, the patient developed sudden shock and unconsciousness because of the second episode of acute gastrointestinal bleeding, which led to his demise, and genetic testing was not performed.

Keywords: Cholestasis; Hemobilia; Hepatic cysts.

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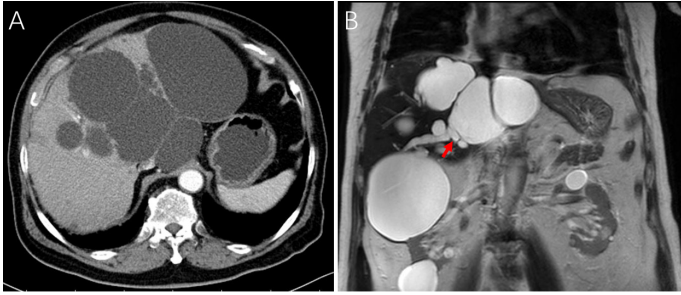


Figure 1: (A) Computed tomography scan of the abdomen revealing multiple hepatic cysts with the maximum size of 11.9 × 8.2 cm. (B) Magnetic resonance cholangiopancreatography (MRCP) showing a hepatic cyst compressing the bile duct in the hilar region and dilated intrahepatic ducts (arrow).

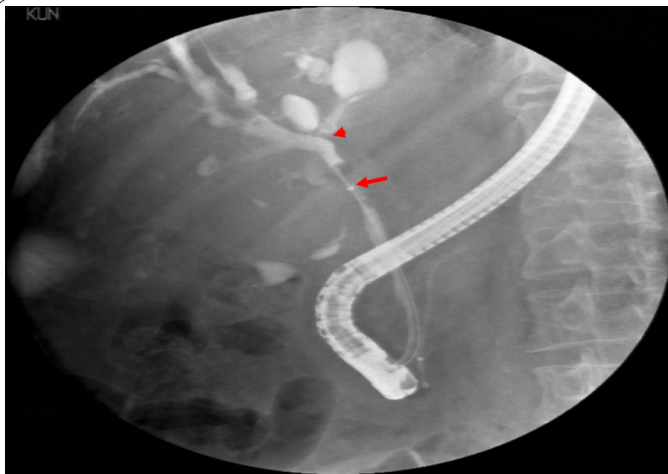


Figure 2: The cholangiogram revealed obstruction of the left hepatic duct at the confluence (arrowhead) and stricture of the common hepatic duct proximal to bifurcation (arrow).

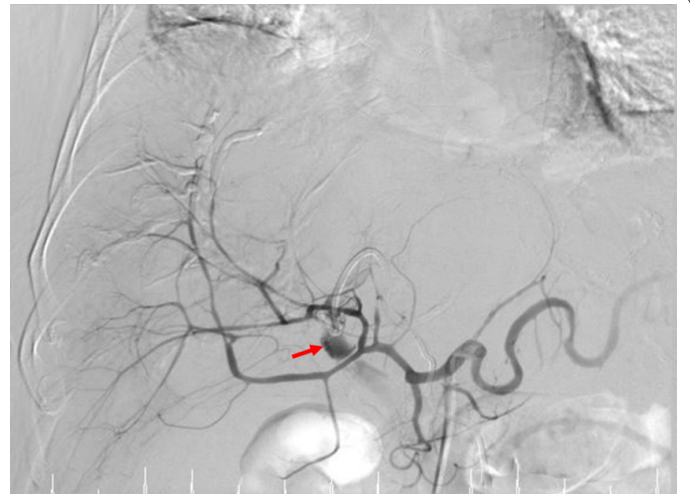


Figure 3: Angiography showing the contrast medium of the middle hepatic artery flowing into the biliary system (arrow).

Declarations

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Ethical statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Written informed consent was obtained from the patient for publication of this “Images in Gastroenterology”.

Author’s contributions: Collection of data: Xue-Qin Chen. Manuscript preparation and writing: Xi-Ying Zeng. Data analysis and interpretation: Hua Li. Writing and final approval of the manuscript: Wei-Feng Huang.

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