

LITHIASIS IN ACCESSORY HEPATIC DUCT; A CASE REPORT AND A REVIEW OF THE LITERATURE

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INTRODUCTION

- Identifying an accessory hepatic duct (AHD) is important to ensuring patient safety during laparoscopic cholecystectomy (LC).
- Magnetic resonance cholangiopancreatography (MRCP) is the preferred method for evaluating the biliary tract, but intraoperative cholangiography (IOC) is also employed to prevent complications.
- While lithiasis in the common hepatic duct is a described condition, reports of lithiasis in AHD and its management are limited.

CASE PRESENTATION

- A 18y old female presented with a 2 day history of epigastric colic-type pain radiated to the right hypochondrium with nausea.
- Laboratory tests revealed preserved liver function. US found normal intrahepatic bile ducts, a 7 mm common bile duct, and a gallbladder with a 4.2 mm thickened wall.
- A diagnosis of cholecystitis with moderate risk of choledocholithiasis was made and LC and IOC were performed with evidence of a filling defect in an unrecognized AHD, consisting with lithiasis.
- Due to limited resources at a second-level public hospital in Mexico, MRCP was not performed. Instead, retrograde endoscopic cholangiopancreatography (ERCP), planned for stone extraction, revealed a nondilated intrahepatic tract without filling defects, associated with stone migration. Sphincterotomy and balloon extraction were completed during ERCP and the patient was discharged.

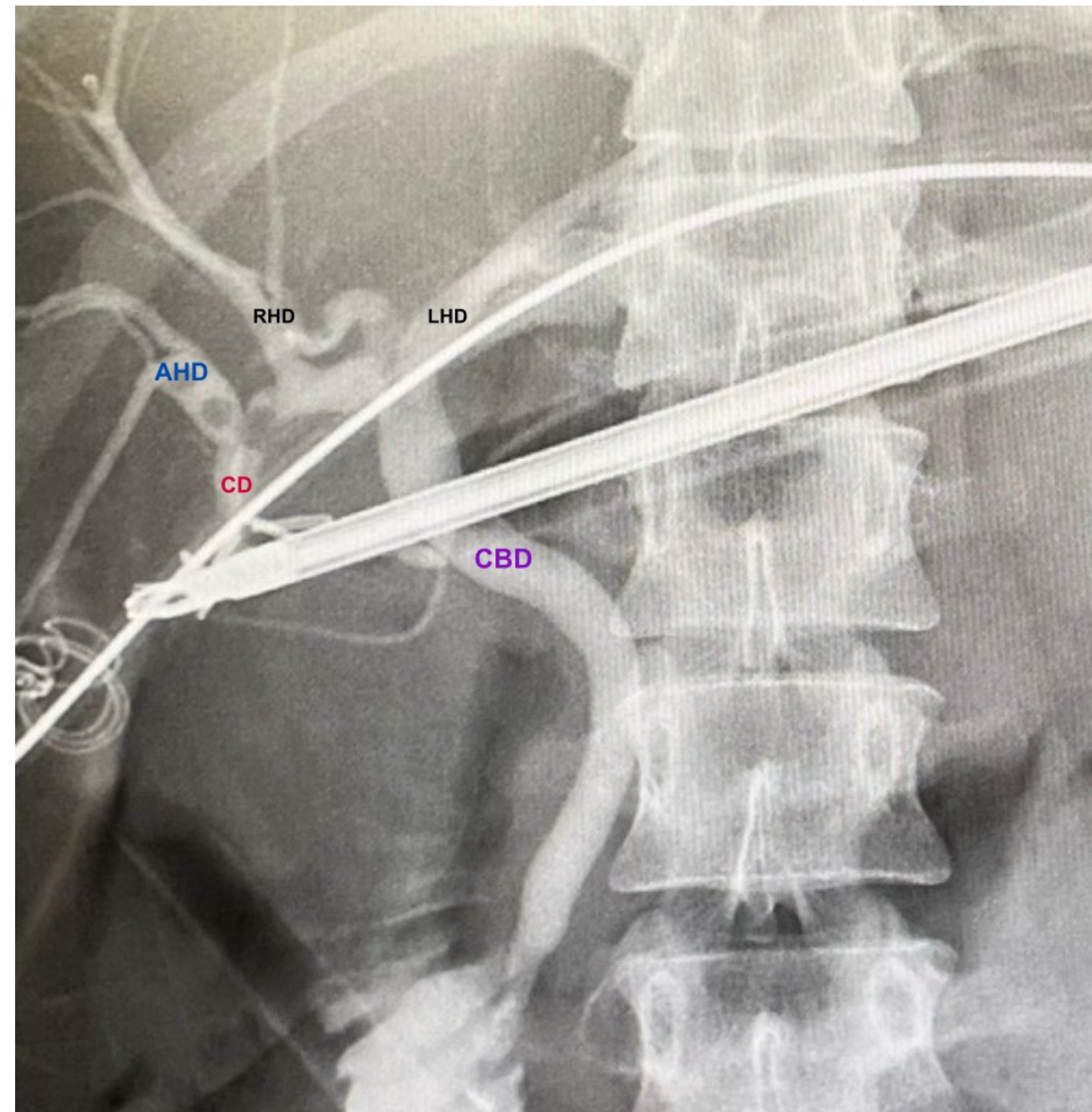


Fig 1. Filling defect in AHD seen on IOC. Identified structures include the left hepatic duct (LHD), right hepatic duct (RHD), cystic duct (CD), and common bile duct (CBD).

DISCUSSION

- The incidence of AHD lithiasis has not been documented.
- MRCP and drip infusion cholangiography with computed tomography can evaluate the biliary tract and guide therapeutic planning, while IOC is a low-cost modality that identifies filling defects.
- In the present case, ERCP was performed to extract the stone. However, this method is limited as the access to the AHD is independent of intrahepatic ducts.
- Procedures such as bile duct exploration and partial hepatectomy have been described, and cholangioscopy has emerged as a non-invasive alternative.

CONCLUSION

- Lithiasis of an AHD is a rare finding.
- IOC is invaluable for identifying variants, ensuring patient safety, and guiding management.

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