

**Biliary cystadenoma- A case report**

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**Type of Publication:** Case Report

**Conflicts of Interest:** Nil

**Introduction**

Biliary cystadenoma occurs in middle aged women characterized by multi ocular cysts with internal septae and mural nodules. Unilocular biliary cystadenomas are rare and are difficult to differentiate from cyst adenocarcinoma before surgery. Historically these cystic tumors have been treated by a variety of techniques including aspiration fenestration, internal drainage and resection. They cannot be safely differentiated from cyst adenocarcinoma before operation and have always been considered for resection. Less than 200 cases are being reported all around the world. Biliary cystadenomas are slow growing rare benign lesions, are easily resectable with a reported recurrence rate of 90% when the resection is incomplete.

**Case report**

we report here a 30 year old female who presented in general surgery out patient department of the hospital with

pain abdomen since 1 week and abdominal distention since one and half years. On general examination she was moderately built and nourished with history of weight loss since the past one year. There was a mass in a right hypochondrium extending into epigastrium. The other systemic examinations were normal.

USG examination revealed large multiloculated cystic lesion with thick septations and low level internal echoes measuring 16\*13\*18 cms involving the right and upper lobes and diagnosis of biliary cystadenoma was made.

Computerized tomography (ct) scan of abdomen revealed enhancement within thin walled multi septated appearance of the liver. Minimum intra-hepatic and extra-hepatic biliary radical dilatations. Biliary radicles are dilated.

The patient’s laboratory investigation showed hb 8gm/dl, she was transfused 1 pint prbc, following which her hb was noted to be 10gm/dl. The patient underwent solitary

benign hepatic cystectomy and it was sent for histopathological examination.

Histopathological findings revealed hepatobiliary cystadenoma with mesenchymal stroma. No epithelial proliferation/dysplasia/malignancy seen. Gallbladder histologically unremarkable.

The postoperative course of the patient was uneventful and she has been discharged.

Radiological findings

Figure 1



Figure 2

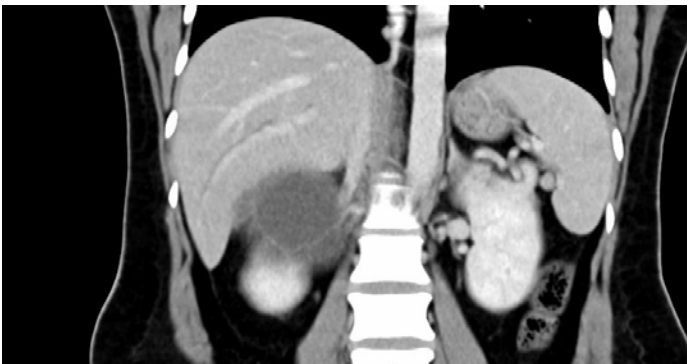
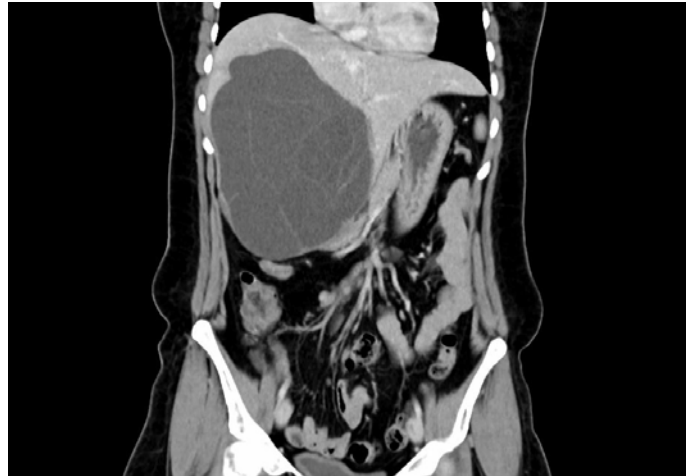


Figure 3



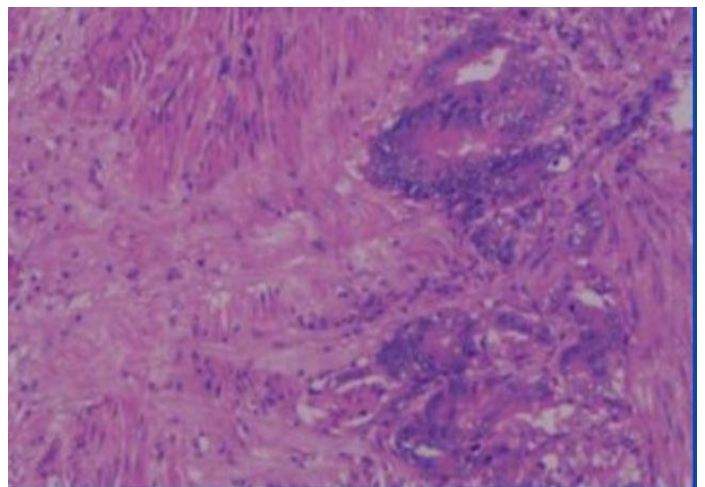
Intraoperative

Figure 4



Histopathology

Figure 5



## Discussion

Biliary cystadenoma of the liver are rare benign lesions of the liver that account for less than 5% of solitary cysts of the liver and occur commonly in middle aged women (40-50 years) with preponderance of 4:1 among males, our patient was relatively younger, she was 30 years old. These tumors present commonly as multiloculated cysts as seen in our patient while unilocular biliary cystadenomas are rare, biliary cystadenomas need to be differentiated from other cystic lesions of the liver like hydatid cysts. These neoplasms are reported in middle aged women as true proliferative epithelial tumors that are large multiloculated with internal septations and surrounded by dense cellular fibrostroma.

## References

1. Ishak, k.g., willis, g.w., cummins, s.d. and bullock, a.a., 1977. Biliary cystadenoma and cystadenocarcinoma. Report of 14 cases and review of the literature. *Cancer*, 39(1), pp.322-338.
2. Choi, b.i., lim, j.h., han, m.c., lee, d.h., kim, s.h., kim, y.i. and kim, c.w., 1989. Biliary cystadenoma and cystadenocarcinoma: ct and sonographic findings. *Radiology*, 171(1), pp.57-61.
3. Korobkin, m., stephens, d.h., lee, j.k., stanley, r.j., fishman, e.k., francis, i.r., alpern, m.b. and rynties, m., 1989. Biliary cystadenoma and cystadenocarcinoma: ct and sonographic findings. *American journal of roentgenology*, 153(3), pp.507-511.
4. Forrest, m.e., cho, k.j., shields, j.j., wicks, j.d., silver, t.m. and mccormick, t.l., 1980. Biliary cystadenomas: sonographic-angiographic-pathologic correlations. *American journal of roentgenology*, 135(4), pp.723-727.
5. Thomas, k.t., welch, d., trueblood, a., sulur, p., wise, p., gorden, d.l., chari, r.s., wright jr, j.k., washington, k. And pinson, c.w., 2005. Effective treatment of biliary cystadenoma. *Annals of surgery*, 241(5), p.769.