Endoscopic Corner

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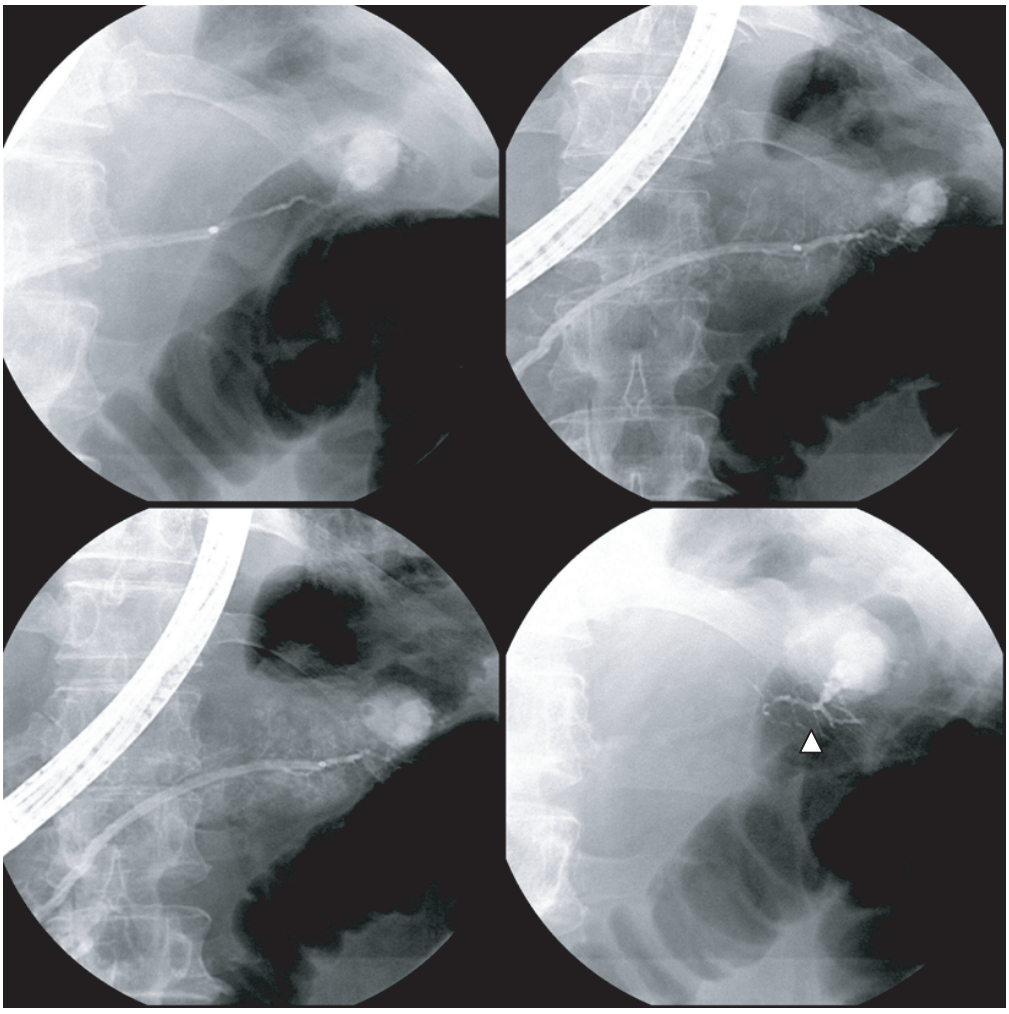
Case 1

A 54 years old male presented with discomfort at left upper quadrant of the abdomen. He had a history of heavy alcohol consumption for many years. His chest X-ray demonstrated left plural effusion. The pleural tapping resulted in very high amylase fluid.

ERCP was done as shown.



The ERCP showed an extravasation of contrast from the tail of pancreatic duct into a cystic cavity. There was no communication to pleural cavity. A 1.3 ml combination of Histoacryl (Histoacryl blau®, Braun, Melsungen, Germany) and Lipiodol (Guerbet Laboratory, Aulnay-Sous-Bris, France) was injected via ERCP catheter to occlude the rent. After glue injection, repeat pancreatogram demonstrated no further leakage. The arrowhead showed lipiodal stain at pancreatic tail.

The diagnosis is pancreatic pseudocyst at the tail with possible pancreatopleural effusion.

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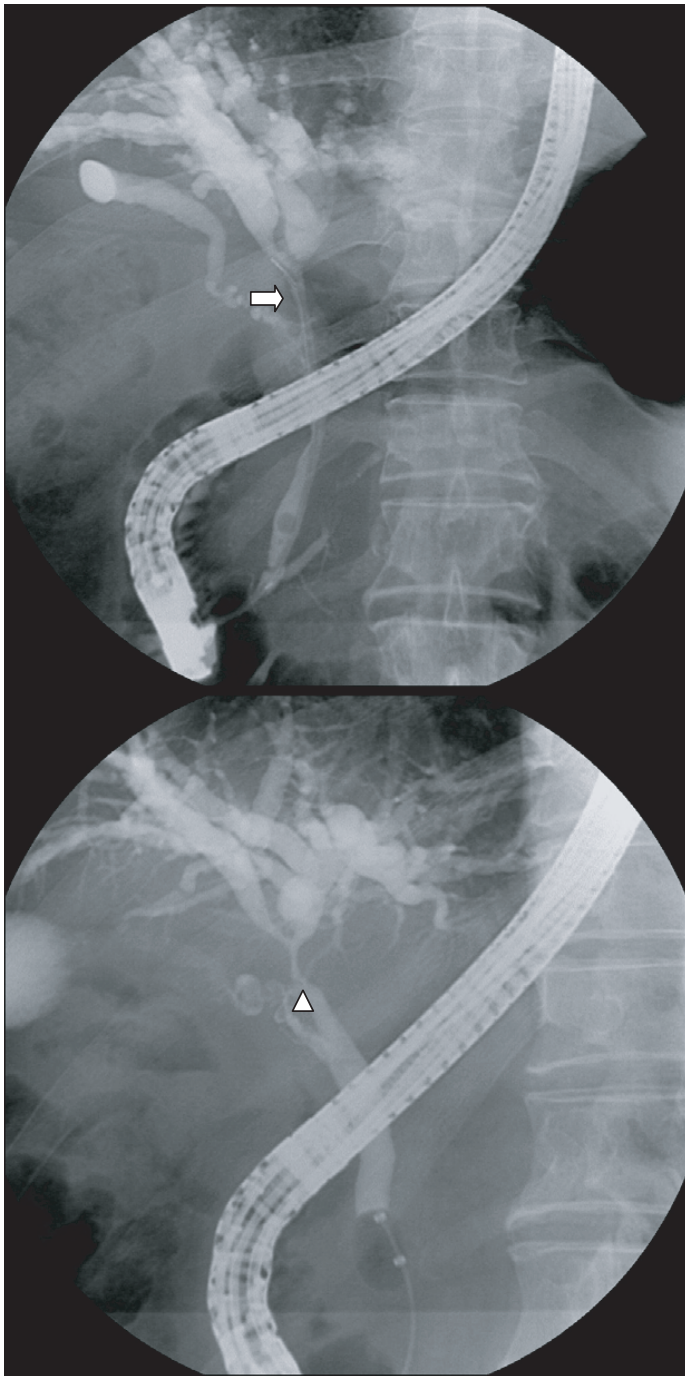
Case 2

A 66 years old male presented with cholestatic jaundice.
ERCP was done as shown



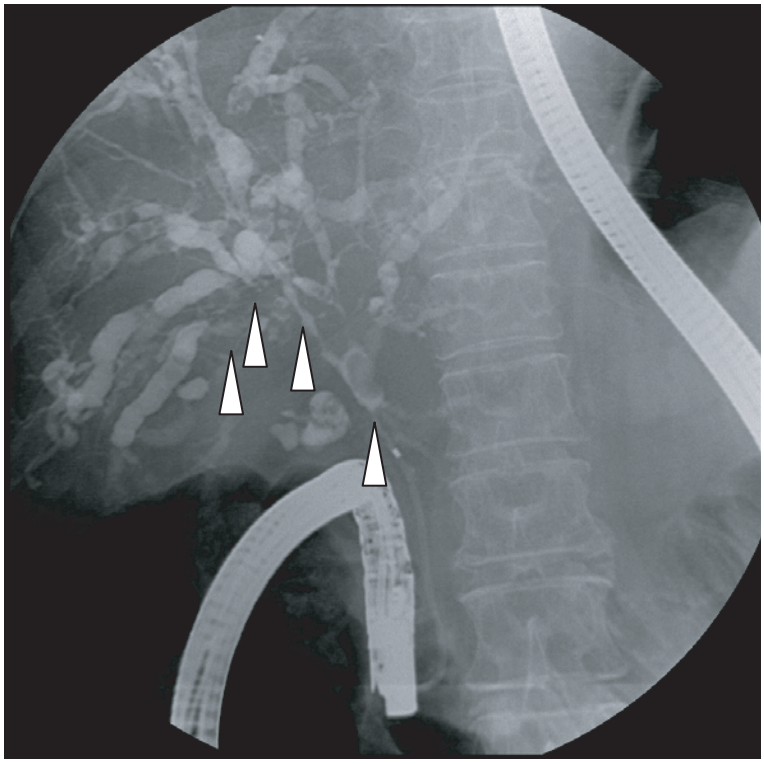
The ERCP showed a benign long stenosis (white arrow) at hepatic hilum with upstream dilatation of bilateral intrahepatic ducts. Due to the initial diagnosis of possible hilar cholangiocarcinoma, then he underwent a standard sphincterotomy and double pigtail stent was inserted. His biopsy revealed no malignancy and his laboratory findings showed a high IgG4 level (1,030 mg/dL, normal 8-140 mg/dL). The diagnosis of autoimmune pancreatitis was given. And after treatment with prednisolone for 5 months, subsequent ERCP with stent removal showed a significant improvement of the stricture (arrow head) when compared to the previous study.

The differential diagnoses are hilar cholangiocarcinoma or other benign strictures such as iatrogenic bile duct injuries.

Case 3

A 61 years old female presented with progressive jaundice. She also had breast cancer with small bowel metastasis.

ERCP was done as shown



The ERCP showed multiple strictures of the extra and intrahepatic ducts (arrow head). Endoscopic findings of this patient also revealed duodenal ulcer and duodenal stenosis. Malignant biliary obstruction from metastasis was the diagnosis.

The differential diagnoses are hilar cholangiocarcinoma with intrahepatic duct involvement or other benign strictures such as primary sclerosing cholangitis. There is no therapeutic role of endoscopy in this patient.