

Image of the Month

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A 27-YEAR-OLD WOMAN WAS ADMITTED ON AN emergency basis, with acute pain in the right upper abdominal quadrant and nausea and vomiting for the previous 3 days. Her medical history was normal. On physical examination, she was dehydrated, with a positive Murphy sign and mild fever. Blood cell count was normal. Results of blood chemistry demonstrated a mild hyperbilirubinemia (total bilirubin level: 1.8 mg/dL and direct bilirubin level: 1.6 mg/dL [to convert both to micromoles per liter, multiply by 17.104]) and mildly elevated alkaline phosphatase (150 U/L [to convert to microkatal per liter, multiply by 0.0167]) and γ -glutamino-transpeptidase (105 U/L) levels.

The abdominal ultrasonography revealed cholelithiasis and a cystic mass in contact with the second portion of the duodenum containing stones. The distal common bile duct was dilated, with a maximum diameter of 1.4 cm. Endoscopy revealed a smooth, round mass pro-

truding into the lumen and obstructing the second portion of the duodenum. Computed tomographic scan of the abdomen showed cholelithiasis and a cystic mass containing stones, obstructing the second portion of the duodenum, and causing distention of the stomach and the proximal duodenum (**Figure 1**).

The patient underwent surgical exploration. Through a right subcostal incision, the gallbladder was first removed. Then the dilated duodenum was mobilized and was opened transversely at the second portion. A juxta-papillary 3 \times 4-cm cystic mass, with an inflamed thick wall, containing palpable stones and obstructing the duodenal lumen, was revealed (**Figure 2**). Transduodenal resection of the cyst and sphincteroplasty were performed.

What Is the Diagnosis?

- A. Choledocholithiasis with stone impaction
- B. Duodenal diverticulum
- C. Choledochocoele
- D. Duodenal duplication cyst

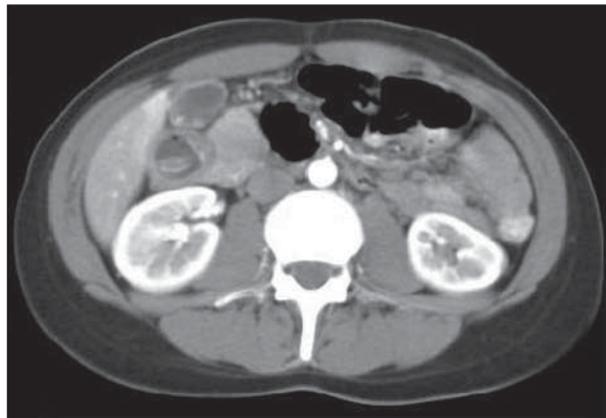


Figure 1. Abdominal computed tomographic scan showing cholelithiasis and a cystic mass adjacent to the second portion of the duodenum containing stones.

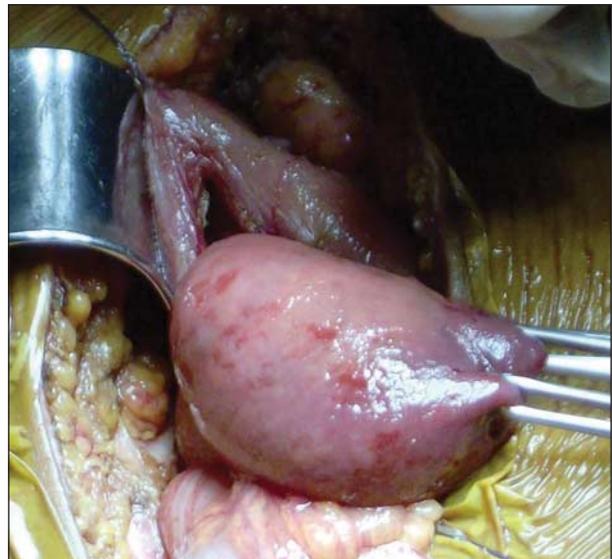


Figure 2. After opening the distended duodenal wall, a 3 \times 4-cm cystic mass was revealed emerging from the papilla of Vater and protruding into the duodenal lumen.