



Biliary Panel Discussion

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Case 1



- 56 yo female with chronic lower abdominal pain for which she is maintained on narcotics
- Recent CT suggested a “dilated bile duct”, but was otherwise normal
- Abdominal US revealed dilation of the common bile duct to 13 mm
- Gallbladder was removed 10 years ago
- Normal LFTs
- Normal EGD and Colonoscopy within the last year

Case 1: CT Scan



Case 1: Audience Poll

- What is the next step in the work-up of the bile duct dilation?
 - A. Do nothing
 - B. Plan for a MRI/MRCP
 - C. Refer for an EUS
 - D. Refer for an ERCP

Case 1: Panelist Discussion

- Does the incidentally seen bile duct dilation merit further work-up?
- What aspects of her history could account for the dilated bile duct?
- What is considered abnormal bile duct dilation in the setting of prior cholecystectomy?
- When do you get worried about bile duct dilation in the setting of prior cholecystectomy?

Case 2

- 56 yo female with chronic lower abdominal pain
- Recent CT suggested a “dilated bile duct”, but was otherwise normal
- Abdominal US was performed which revealed dilation of the common bile duct to 13 mm
- **Gallbladder is intact**
- Normal LFTs
- Normal recent EGD and Colonoscopy

Case 2: Audience Poll

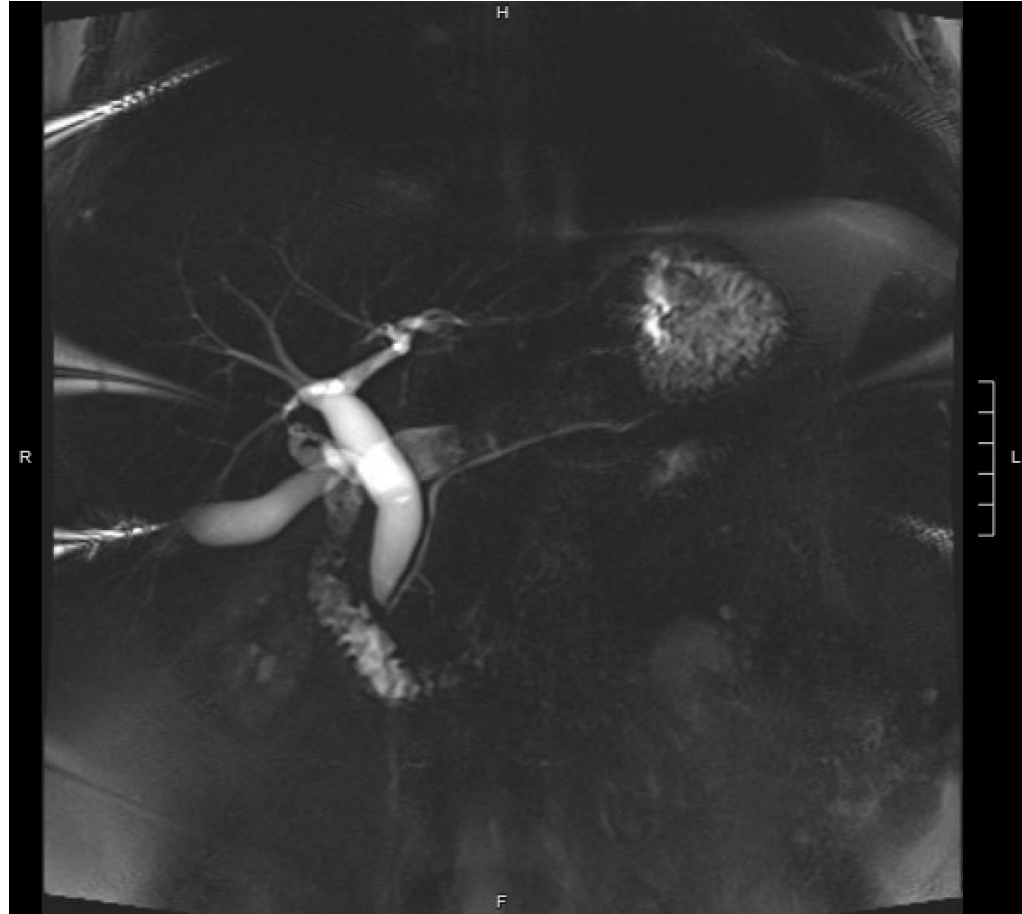
- What is the next step in the work-up of the bile duct dilation?
 - A. Do nothing
 - B. Plan for a MRI/MRCP
 - C. Refer for an EUS
 - D. Refer for an ERCP

Case 2: Panelist Discussion

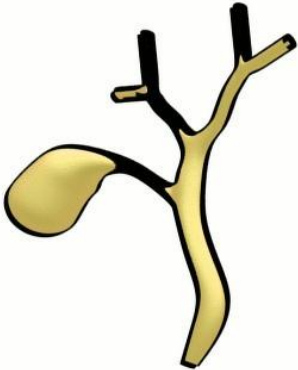


- Does the incidentally seen dilated bile duct merit further work-up?
- What are you worried about?
- What would be your next step in work-up?

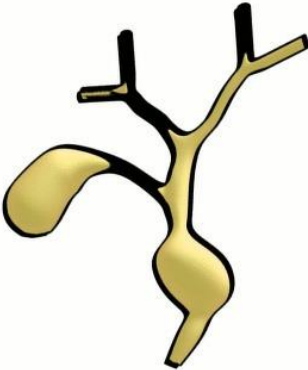
Case 2: MRI/MRCP



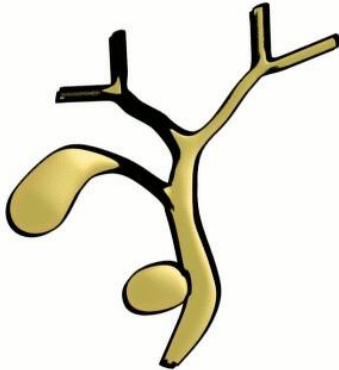
Choledochal Cyst Review



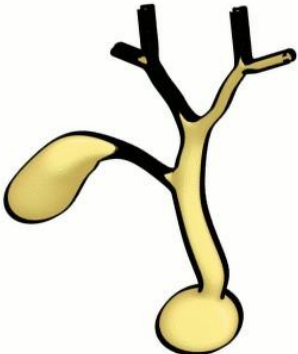
Normal



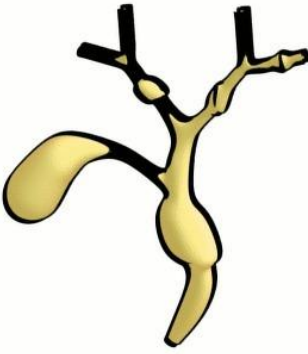
Type I



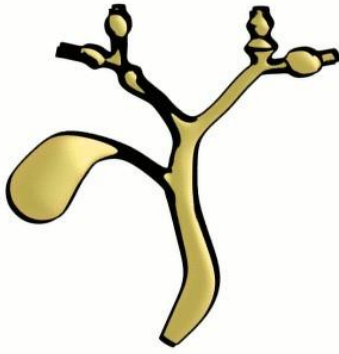
Type II



Type III



Type IV



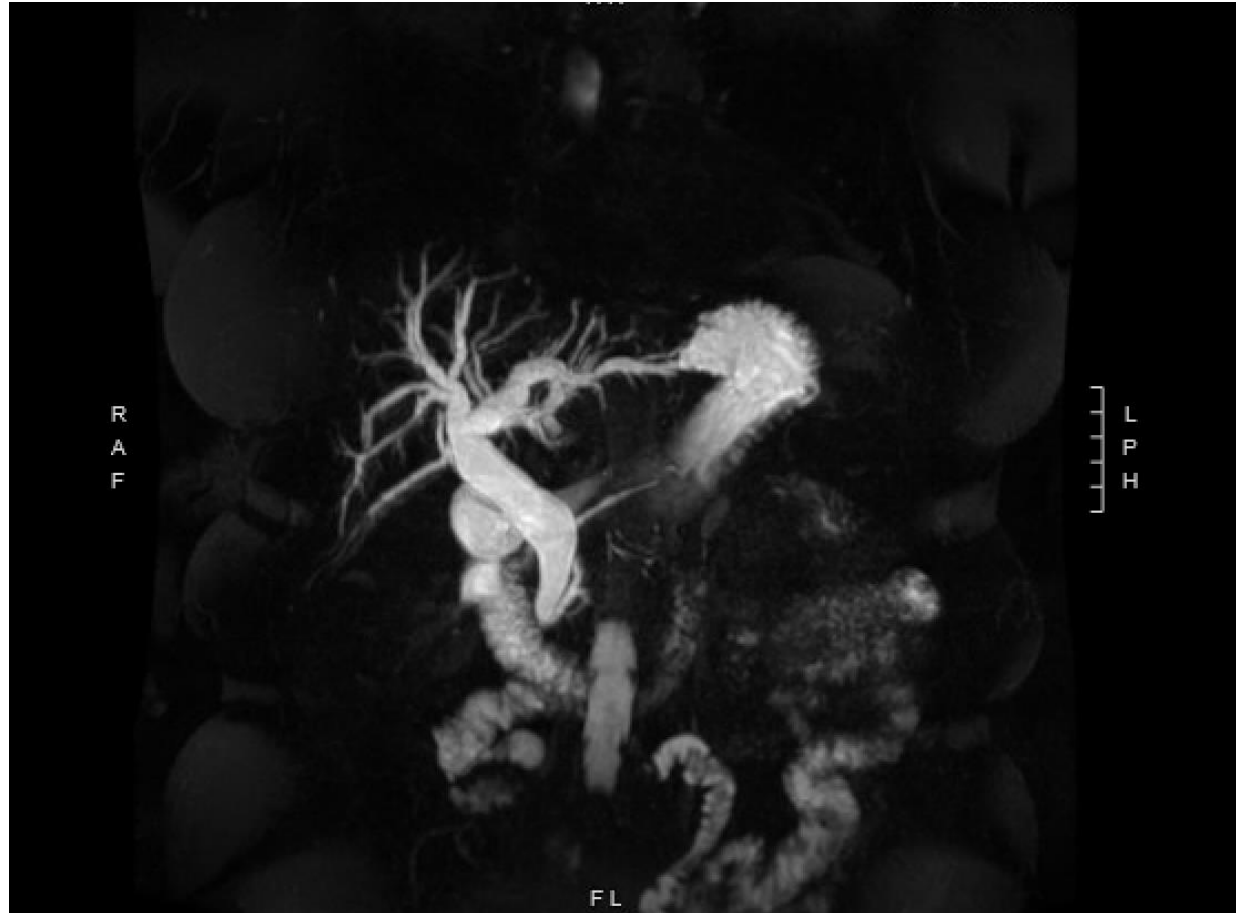
Type V

Choledochal cysts

Case 3

- 56 yo female with episodic RUQ pain
- Recent CT performed in the setting of pain revealed a bile duct dilated to 12 mm
- Follow-up MRI/MRCP with no evidence of retained stones
- **Gallbladder is surgically absent**
- Labs were checked in the setting of pain. AST and ALT are elevated to ~3 x normal
- Normal recent EGD and Colonoscopy

Case 3: MRI/MRCP



Case 3: Audience Poll

- What is the next step in this patient's work-up?
 - A. Do nothing
 - B. HIDA Scan
 - C. Refer for EUS
 - D. Refer for ERCP

Case 3: Panelist Discussion

- What are possible etiologies of this patient's presentation?
- Could this be sphincter of Oddi dysfunction?
- Enough information to go straight to ERCP?



Audience Questions